

YEAR: 1898

FILE # 120668

IDAHO BIRTH CERTIFICATE

VOID VOID VOID

SEE 120668A NOT TWINS

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. R.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

865-129-018
PLACE OF BIRTH -255

STATE OF IDAHO.
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Clearwater RECEIVED

City of Pierce DEC 6 1922

CERTIFICATE OF BIRTH

No. _____ St. _____ Registration District No. _____ State File No. 107130

Hospital _____ Primary Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Wing Hong

(Certificate of no value without full name of child.)

Sex of Child <u>male</u>	Twin Triplet or other?	and { Number in order of birth	Legiti- mate? <u>yes</u>	Date of birth <u>Mar. 29</u> <u>1898</u>
(To be answered only in event of plural births)			(Month)	(Day) (Year)

What bactericidal solution was used in eyes? _____

Number of child of this mother, including present birth. _____ Number of child of this mother now living, including present birth. _____

FATHER FULL NAME <u>Hong Sing</u>	MOTHER FULL MAIDEN NAME <u>Hong See</u>
RESIDENCE _____	RESIDENCE _____
COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>43</u> (Years)	COLOR <u>Yellow</u> AGE AT LAST BIRTHDAY <u>20</u> (Years)
BIRTHPLACE <u>China</u>	BIRTHPLACE <u>China</u>
OCCUPATION <u>Merchant</u>	OCCUPATION <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive
Stillborn } at _____ M.
on the date above stated.

*When there was no attending physi-
cian or midwife, then the father, house-
holder, etc., should make this return.
{ A stillborn child is one that neither
breathes nor shows other evidence of
life after birth. }

Give names added from a supplemental report.

(Signature) Reichenbach Agnes

(Physician or midwife)

Address _____
Filed Jan 2 1923 Burkhead
State Registrar.

1922
Registrar.

APR 20 1949

JUN 7 1949

OK

f

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

118563

County of *Shoshone*

FEB 7 1924

City of *Mullan*

BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

No. *855-123040-381*

St. *STATISTICAL* District No.

State File No. *1185-63*

Home

Primary Registration District No.

Local Registrar's No.

FULL NAME OF CHILD *Fred Hendricks*

(Certificate of no value without full name of child)

Sex of Child *Male*

Twin Triplet or other? } and { Number in order of birth
(To be answered only in event of plural births)

Legitimate? *yes*

Date of birth *Feb. 23rd 1898*
(Month) (Day) (Year)

What bactericidal solution was used in eyes? *no*

Number of child of this mother, including present birth *2* Number of child of this mother now living, including present birth *2*

FULL NAME FATHER *Robert Hendricks*

RESIDENCE *Mullan Idaho*

COLOR *White* AGE AT LAST BIRTHDAY *27* (Years)

BIRTHPLACE *Brake Germany*

OCCUPATION *Book Keeper*

FULL MAIDEN NAME MOTHER *Elizabeth Ann Thatcher*

RESIDENCE *Mullan Idaho*

COLOR *White* AGE AT LAST BIRTHDAY *27* (Years)

BIRTHPLACE *Hopewell N. Y.*

OCCUPATION *Housewife*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive } at *4 30* a. M.
on the date above stated. { Stillborn }

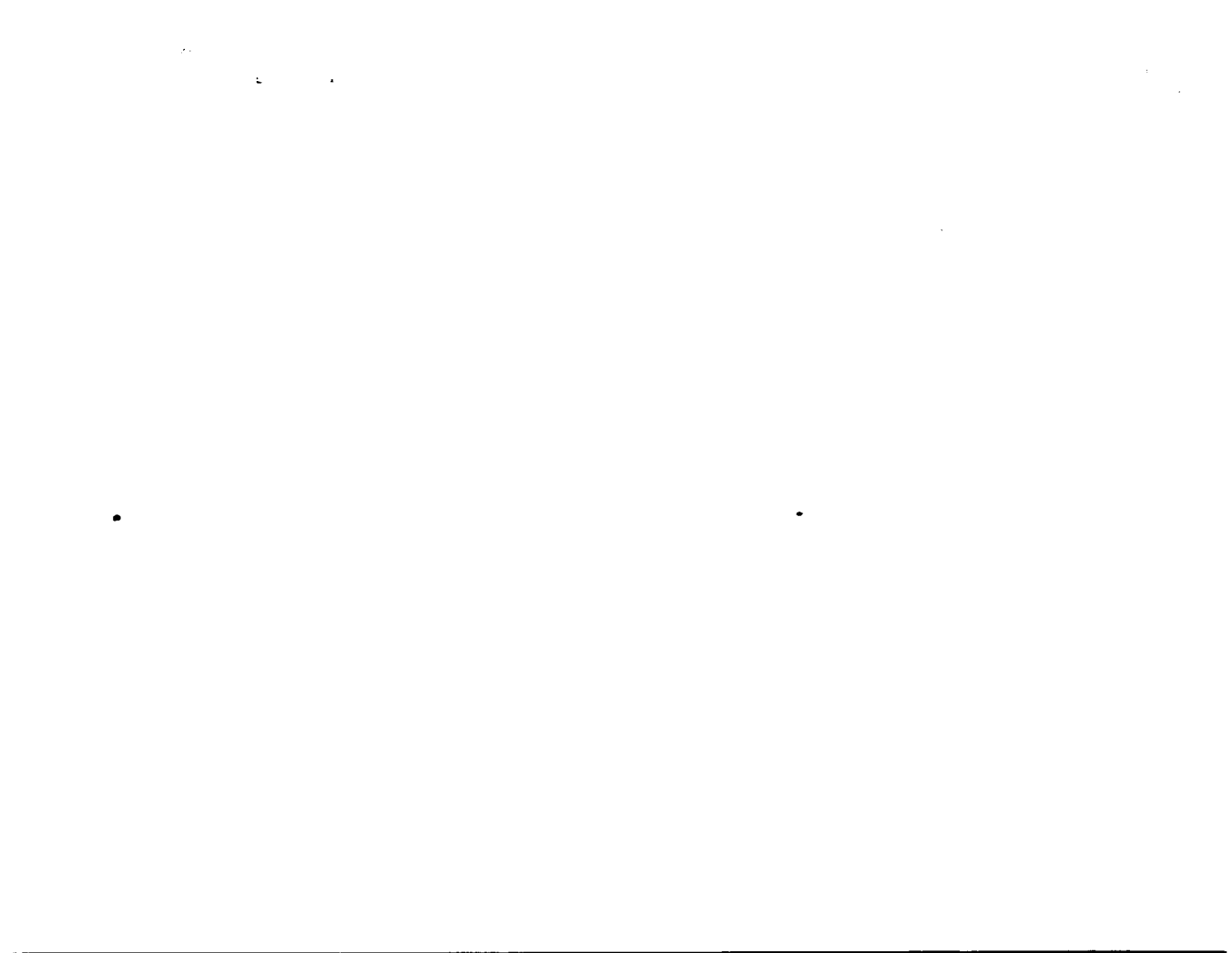
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) *Robt. Hendricks* *2*
Elizabeth A Hendricks
(Physician or midwife) *Parents*

Address
Filed *Feb 7* 192*4* *W. Almond, m. d.*
State Registrar.

Registrar.



PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of ErwyheeCity of Tindall IdaNo. 395 218 037 375 St.

Registration District No.

State File No.

120668-A

Hospital

Primary Registration District No.

Local Registrar's No.

FULL NAME OF CHILD

Edith Alice Tindall

(Certificate of no value without full name of child.)

Sex of Child

femaleTwin
Triplet
or other?

and

Number
in order
of birth

(To be answered only in event of plural births)

Legitimate?

yes

Date of birth

July 18
(Month) (Day)

1898

100
(Year)

What bactericidal solution was used in eyes?

none

Number of child of this mother, including present birth

9th

Number of child of this mother now living, including present birth

9th

FULL NAME

FATHER

William J Tindall

RESIDENCE

Tindall Idaho

COLOR

Light

AGE AT LAST

BIRTHDAY

44

(Years)

BIRTHPLACE

Georgioun Del

OCCUPATION

Rancher stockman

FULL MAIDEN NAME

MOTHER

Paulina Elizabeth Tindall

RESIDENCE

Tindall Ida

COLOR

Dark

AGE AT LAST

BIRTHDAY

41

(Years)

BIRTHPLACE

Roxana Del.

OCCUPATION

mother, wife & homemaker

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12 o'clock p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Paulina E. Tindallmother

(Physician or midwife)

Give names added from a supplemental report.

Address

Tindall, Idaho

Filed

May 5

1924

F. W. Almond, M.D.

State Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

150888

PLACE OF BIRTH

County of Blaine
City of Blaine

JAN 27 1950

NOT RECORDED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH		STATE OF IDAHO	
319 221 029 558		DEPARTMENT OF PUBLIC WELFARE	
County of <u>Latah</u>		BUREAU OF VITAL STATISTICS	
City of <u>MOSCOW</u>		BUREAU OF VITAL STATISTICS	
No.		Registration District No. <u>61</u> State File No.	
Hospital		Primary Registration District No. <u>101</u> Local Registrar's No.	
FULL NAME OF CHILD <u>Sylvia Mona Carla</u>		CERTIFICATE OF BIRTH <u>136681</u>	
(Certificate of no value without full name of child)			
Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and { Number in order of birth	Legiti- mate? <u>Yes</u>
			Date of birth <u>Sept 21</u> <u>1898</u> (Month) (Day) (Year)
What bactericidal solution was used in eyes? <u>Not any kind</u>			
Number of child of this mother, including present birth <u>8th</u>		Number of child of this mother now living, including present birth <u>8th</u>	
FULL NAME FATHER <u>William Franklin Carle</u>		FULL MAIDEN NAME MOTHER <u>Dora Alice Newell</u>	
RESIDENCE <u>MOSCOW Idaho</u>		RESIDENCE <u>MOSCOW</u>	
COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>41</u> (Years)	COLOR <u>White</u>	AGE AT LAST BIRTHDAY <u>33</u> (Years)
BIRTHPLACE <u>State of Indian</u>		BIRTHPLACE <u>Farm Ridge, State of Illinois</u>	
OCCUPATION <u>Farmer</u>		OCCUPATION <u>Dining room Girl</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was { <u>Born alive</u> } at <u>9 o'clock</u> <u>P</u> M. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Give names added from a supplemental report.			
, 192			
Address <u>Perry Siding, B. C., Canada</u>			
Filed <u>Nov 28</u> 192 <u>5</u>			
Registral. <u>Miss Dora A. Carle</u> Mother <u>Dora Alice Newell</u> Registrar. <u>Miss Dora A. Carle</u>			

FEB 15 1965

7 1843,

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for
each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICSCounty of Nez PerceCity of LewistonNo. 355-222-035-355 St.Reg. 141623 District No. State File No. 141623

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Lorise Margaret Leeper

(Certificate of no value without full name of child)

Sex of Child <u>Female</u>	Twin Triplet or other?	and { Number in order of birth <u>4</u>	Legiti- mate?	Date of birth <u>Feb 22</u> <u>1898</u>
	(To be answered only in event of plural births)			(Month) (Day) (Year)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
<u>Leeper, Chas. Allen</u>		<u>Annie Elizabeth Leeper</u>	
<u>Lewiston, Idaho</u>		<u>Lewiston, Idaho</u>	
<u>white</u>	AGE AT LAST BIRTHDAY <u>4</u> (Years)	<u>white</u>	AGE AT LAST BIRTHDAY <u>38</u> (Years)
<u>Aston, Indiana</u>		<u>Sandusky, Ohio</u>	
<u>Farmer</u>		<u>Housewife</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive } at Eight P. M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Loa Fayette Herman, M.D.
Lewiston, Idaho.
(Physician or midwife)Address 4707, 9th Ave. N.E. Seattle, Wash.Filed May 18 1926

Registrar.

Registrar.

AUG 24 1942

MAIL ROOM

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED DEC 17 1928
PLACE OF BIRTH 358-114-004-969

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11--20m-7-26-19

County *Benewah*

City of *Montpelier*

Registration District No. _____

File No. *166735*

No. _____ St. _____

Hospital _____

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD *Bismark Morris Lehtas*

Sex of Child <i>male</i>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <i>yes</i>	Date of Birth <i>9 14 1898</i> (Month) (Day) (Year)
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FATHER
FULL NAME *Louis Albert Lehtas*
RESIDENCE *Montpelier, Idaho*
COLOR _____
AGE AT LAST BIRTHDAY *29*
(Years)
BIRTHPLACE *white*
OCCUPATION *R. R. Conductor*

MOTHER
FULL MAIDEN NAME *Lena Maryann Morris*
RESIDENCE *Montpelier, Idaho*
COLOR *white*
AGE AT LAST BIRTHDAY *19*
(Years)
BIRTHPLACE *Canada*
OCCUPATION *Housewife*

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated.

at *2:30 P. M.*
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) *Dr. J. J. Macey*

(Physician or midwife)

Given names added from a supplemental report. _____ 19. _____

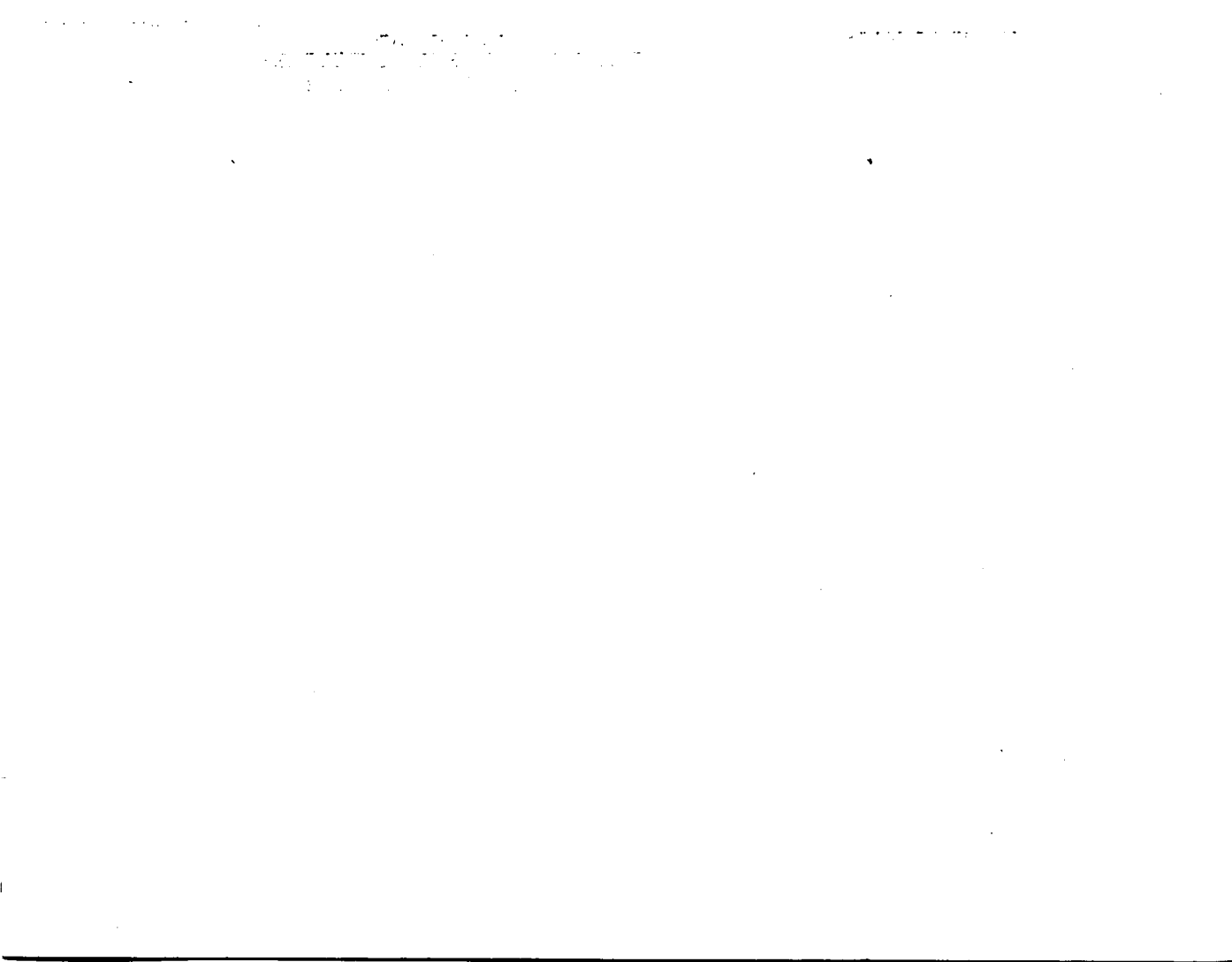
Address *Montpelier Ida*

Filed *Dec 17*

19. *28*

Registrar. _____

Registrar. *W. K. Macey*
State



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH
RECEIVED MAY 31 1930

County of Ada

City of Boise

No. _____ St. _____

326-208,001-213

(If born in hospital or institution
give name.)

FULL NAME OF CHILD Margaritha A. Thommen

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

180918

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of birth <u>Nov. 8, 1898</u>
	(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead _____ Stillborn _____

FATHER FULL NAME <u>Agustave Thommen</u>	MOTHER FULL MAIDEN NAME <u>Eva Katzenmeyer</u>
---	---

Residence (Usual place of abode) Boise Idaho

If non-resident, give place and State _____

Color or race White Age at last Birthday 46 (Years)

Birthplace Basel Switzerland (City and State or County)

Occupation _____

If non-resident, give place and State _____

Color or race White Age at last Birthday 28 (Years)

Birthplace Freeport Illinois (City and State or County)

Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at 11 - A. M.

(Signature) E. C. Cacerat

(Physician or midwife)

Address Boise, Idaho

Filed June 2 1930 Bessie N. Lepper
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 2 1945

SEP 29 1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

759-152-029-893

PLACE OF BIRTH

County of Latah
City of Troy Idaho

No. _____ St. _____

Registration District No. _____

State File No. _____

188448

(IF BORN IN HOSPITAL OR INSTITUTION
GIVE NAME.)

Prim. Registration District No. _____

Local Registrar's No. _____

FULL NAME OF CHILD

Joseph Talburt Perry

(IF STILLBORN, SUBSTITUTE THE WORD 'STILLBORN' FOR NAME OF CHILD)

Sex of Male
Child Twins
Triplet
or other?

and { Number
in order
of birth 1st }

Legiti-
mate?

Date of Aug 22nd 1898
birth (MONTH) (DAY) (YEAR)

(TO BE ANSWERED ONLY IN EVENT OF PLURAL BIRTHS)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 1st

(a) Born alive and now living Yes

Born alive but now dead Still alive

Stillborn

FATHER

FULL NAME Joseph Sanford Perry
Residence (Usual place of abode) Bozeman
If non-resident, give place and State Idaho
Color or race White Age at last Birthday 70
Birthplace Alhol South Dakota
(CITY AND STATE OR COUNTY)
Occupation Farmer

MOTHER

FULL MAIDEN NAME Adeline C. Hill
Residence (Usual place of abode) Colfax
If non-resident, give place and State Wash
Color or race White Age at last Birthday 5-9
Birthplace Winchester, Nevada
(CITY AND STATE OR COUNTY)
Occupation House-keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was { Born alive }
on the date above stated. { Stillborn } at Aug 22-1898-1 P.M.

(Signature) Adeline C. Perry

(RELATION OR MIDWIFE) mother

Address Colfax Wash.

Filed June 1935

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Subscribed and sworn to before me this 14th. day of
February 1931

Walter S. Lusk
Notary Public
Residing at Colfax Wash.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 355-207-038-239 St. 3 Registration District No. State File No. 49375
(If born in hospital or institution give name.) Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Agnes Leek
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? <u> </u>	Number in order of birth <u> </u>	Legitimate? <u>yes</u>	Date of birth <u>Feb 7 1898</u> (Month) (Day) (Year)
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What prophylactic was used to prevent Ophthalmia Neonatorum? No 703 1% I. I.

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER FULL NAME <u>George W. Leek</u>	MOTHER FULL MAIDEN NAME <u>Jessie C. Struble</u>
---	---

Residence (Usual place of abode) Payette

If nonresident, give place and State Idaho

Color or race White Age at last Birthday 37 (Years)

Birthplace Allendale Illinois (City and State or Country)

Occupation Teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Stillborn at M. on the date above stated.

(Signature) W. R. Hamilton

(Physician or midwife)

Address Payette Idaho

Filed Jan 10 1932

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SEP 10 1942

FEB 19 1953

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

259, 211 029 / 295

PLACE OF BIRTH

County of Latah Idaho

City of Genesee

No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

204201

Registration District No. _____ State File No. _____

(If born in hospital or institution
give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD

Grace Service Scroggin
(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>female</u>	Twin Triplet or other? _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Jan. 11 1898</u>
(To be answered only in event of plural births)				(Month)	(Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 8 (a) Born alive and now living 4

Born alive but now dead 3 Stillborn 1

FULL NAME <u>Robert Arthur Scroggin</u>	FATHER	FULL NAME <u>Amelia Dressler</u>	MOTHER
---	--------	----------------------------------	--------

Residence (Usual place of abode) Spokane Wt. Residence (Usual place of abode) Deceased (1926)

If non-resident, give place and State (1932) If non-resident, give place and State _____

Color or race White Age at last Birthday 72 Color or race White Age at last Birthday _____

Birthplace Salisbury Howard Co. Mo. Birthplace Bellville Ills

(City and State or County) (City and State or County)

Occupation M. S. Merchant Occupation _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M.
on the date above stated. Stillborn

(Signature) Arthur Scroggin M.D.

(Physician or midwife)

Vanierbilt University Nashville Tenn
Address 1854

Filed June 1932

Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**
County of Latah
City of Kendrick
No. 465-172-293 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 63 State File No. 208090

Prim. Registration District No. 2143 Local Registrar's No. _____

(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** HARRY NELSON DAVIS

3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 17, 1898</u> (Month, Day, Year)
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9. Full name FATHER
Joseph W. Davis

10. Residence (usual place of abode)
(If non-resident, give place and State) Kendrick, Idaho

11. Color or race white | 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Nebraska
(State or Country)

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

16. Date (month and year)
last engaged in this work _____
17. Total time (years) spent
in this work _____

18. Full maiden name MOTHER
Flora Anie Glidden

19. Residence (usual place of abode)
(If non-resident, give place and State) Kendrick, Idaho

20. Color or race white | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Olympia, Wash.
(State or Country)

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. house work

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. own home

25. Date (month and year)
last engaged in this work _____
26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return. }

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or Mary E. Davis, Midwife

Address Kendrick, Idaho

Filed Dec. 8, 1932 B. J. Nesbit

Registrar.

1961 OCT 1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington }
County of Pierce } ss. Certificate No. 208090
Date Filed birth

The undersigned does solemnly swear that certain facts on the certificate of birth
for Harry Nelson Davis who born on May 17, 1898
(Name on Original Certificate) (Birth or Death)
in Hendrick, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event) (Date of Event)
true facts are shown by Mother's memory prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) **TO**
Date of birth May 17, 1900 May 17, 1898
(The Correct Facts)

Subscribed and sworn to before me this 13th day of September, 1952
Leanne L. Shodvig
Notary Public, residing at Parkland
My commission expires 2-5-53
(Seal)

Signed Flora A. Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. 12, Box 322 Tacoma Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ore }
County of Harney } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Sept, 1952
Burns, Ore
Notary Public, residing at Burns, Ore
My commission expires Sept 23, 1952
(Seal)

Signed Burns, Ore
(Signature of Any Credible Person)
Burns, Ore
(Street Address, City, State)



RECEIVED DEC 9 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 208090
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Latoh
City of Cremick
No. _____ St. _____

Registration District No. 63 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. 2143 Local Registrar's No. _____

2. FULL NAME OF CHILD Harry Nelson Davis

3. Sex Male If plural births _____ 4. Twin, triplet, or other One 5. Number, in order of birth 1 6. Premature _____ 7. Legitimate? Yes 8. Date of birth May 17, 1930
(MONTH, DAY, YEAR)

9. Full name FATHER Joseph W. Davis 18. Full maiden name MOTHER Thora Annie L. Ladden

10. Residence (usual place of abode) Cremick, Idaho 19. Residence (usual place of abode) Cremick, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 22 (years)

13. Birthplace (city or place) Nebraska 22. Birthplace (city or place) Olimpia Wash
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Work

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, { months _____ or weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from
a supplemental report _____

(DATE OF)

Registrar.

(Signed) _____, M. D.
or Mary E. Davis, Midwife
Address Cremick, Idaho
Filed Dec 8, 1932 B. G. Nestle
Registrar.

JUL 15 1951

WRITE PLAINLY WITH UNFADING INK.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

364711003-553
1. PLACE OF BIRTH RECEIVED JAN 31 1935

County of Bannock
City of Patella
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **209086**

Registration District No. _____ State File No. 209086

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Kenneth Oron Tourt.

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth Nov-11-1898
5. Number, in order of birth _____ Full term _____ mate? _____ birth _____ 193 _____
(MONTH, DAY, YEAR)

9. Full name FATHER

William Charles Tourt.

10. Residence (usual place of abode)
(If non-resident, give place and State) Deceased

11. Color or race white 12. Age at last birthday _____ (years)

13. Birthplace (city or place)
(State or country) Neath Wales

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fishman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

Nov., 1901

27. Number of children of this mother 2
(At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, { months { 29. Cause of stillbirth _____
period of gestation _____ or weeks { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____ (DATE OF)

(Signed) Doctor Stahl _____ M. D.

or _____, Midwife

Address Patella _____

Filed Jan, 1935 _____ Registrar.

Registrar.

DELAYED

A F F I D A V I T

I, the undersigned, do hereby certify that the information contained in the attached Certificate of Birth is true and correct.

I do hereby further certify that I have made a conscientious effort to locate "Doctor Steele" the attending physician at the time of my birth, but I am unable to do so.

Witness my hand and seal at Salt Lake City, Utah,
this Thirtieth day of January, A. D. 1933.

Kenneth Orson Tout

Subscribed and sworn to before me this 30th day of January,
A.D. 1933.

Edward O. Hall
Notary Public.
Residing at Salt Lake City, Utah.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH JUN 12 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

211924

CERTIFICATE OF BIRTH 211924

County of Ada

City of Boise

No. Cor 10th & Brumbach St.

253-103-001-231

(If born in hospital or institution
give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

FULL NAME OF CHILD Harold Gladstone Bellus

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	{ and } Number in order of birth <u> </u>	Legiti- mate? <u>yes</u>	Date of birth <u>Jan 3 1898</u>
(To be answered only in event of plural births)				(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 1 (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER FULL NAME <u>Frederick E Bellus</u>	MOTHER FULL MAIDEN NAME <u>Lida E. Stamper (Bellus)</u>
---	--

Residence (Usual place of abode) <u>Boise</u>	Residence (Usual place of abode) <u>Boise</u>
---	---

If non-resident, give place and State _____

Color or race <u>white</u> Age at last Birthday <u>26</u>	Color or race <u>white</u> Age at last Birthday <u>20</u>
---	---

Birthplace <u>Wade Co. Missouri</u>	Birthplace _____
-------------------------------------	------------------

(City and State or County)	(City and State or County)
----------------------------	----------------------------

Occupation <u>Photographer</u>	Occupation <u>Housewife</u>
--------------------------------	-----------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive
Stillborn } at 2:30 A.M.
on the date above stated.

(Signature) Frederick E Bellus

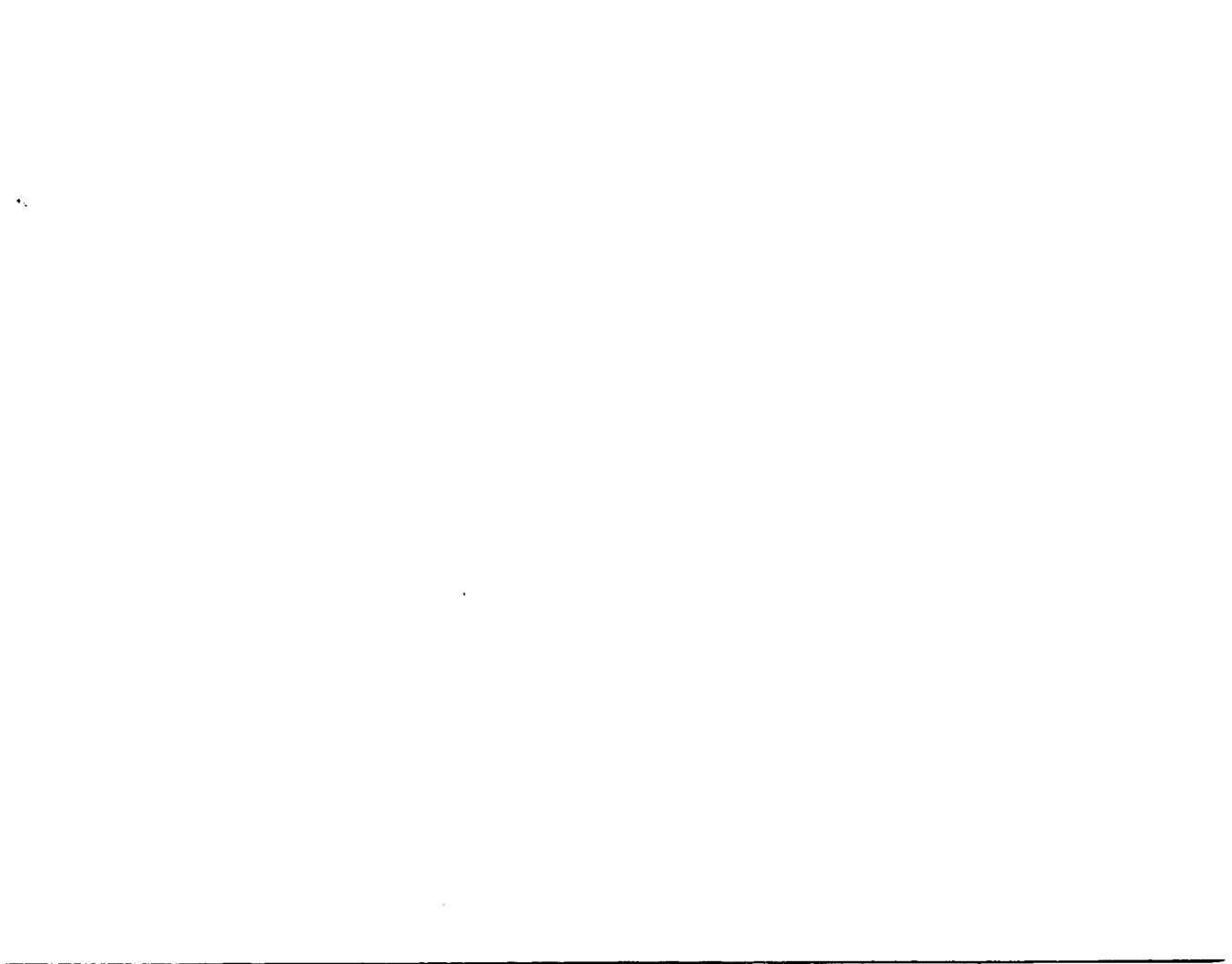
*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician or midwife) Father

Address 131 Capuya St. Santa Cruz, Calif

Filed June 1933

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah
City of Kendrick
No. 791-222 029-665 St.

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Winifred Frances Graham

(If stillborn, substitute the word "Stillborn" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legiti- mate? <u>Yes</u>	Date of birth <u>Feb 22 1898</u> (Month) (Day) (Year)
----------------------------	---	-----	--------------------------------	-----------------------------	---

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME <u>Warner R. Graham</u>	FULL MAIDEN NAME <u>Elna Sarah Owen</u>
Residence (Usual place of abode) <u>Kendrick Idaho</u>	Residence (Usual place of abode) <u>Kendrick Idaho</u>
If non-resident, give place and State	If non-resident, give place and State
Color or race <u>White</u> Age at last birthday <u>38</u> (Years)	Color or race <u>White</u> Age at last birthday <u>36</u> (Years)
Birthplace <u>Curry County Ohio U.S.A.</u> (City and State or County)	Birthplace <u>Jefferson County Missouri</u> (City and State or County)
Occupation <u>Furniture Dealer</u>	Occupation <u>Housewife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 9-30 P. M.
on the date above stated.

(Signature) x Berdine E. Hazen.

(Physician or midwife)

Address Kendrick Idaho.

Filed Feb 5 19 15

Registrar.

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Age of Father smaller than hereon was at time of birth of Lawrence Allison Wallace

1. PLACE OF BIRTH
County of Canyon
City of Payette
No. 613-102-014-436 St.
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Lawrence Allison Wallace
3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth January 2, 1898
(Month, Day, Year)
9. Full name FATHER Harry E. Wallace
10. Residence (usual place of abode) Payette, Ida.
(If non-resident, give place and State)
11. Color or race W. 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Country
(State or Country) Meigs County Ohio
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work February 1921
17. Total time (years) spent in this work 28
18. Full maiden name MOTHER Mamie F. McFarland
19. Residence (usual place of abode) Payette, Ida.
(If non-resident, give place and State)
20. Color or race W. 21. Age at last birthday 25 (years)
22. Birthplace (city or place) _____
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)
(Signed) Harry E. Wallace, M.D.
or _____ (Father) _____, Midwife
Address Mitchell Nebraska R.I.B.I.
Filed March, 1925
Registrar. _____ Registrar. _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

DELAYED

State of Nebraska)
) SS
Scottsbluff County)

Harry E. Wallace being duly sworn deposes and says that he is the Father of Lawrence Allison Wallace.

That said Lawrence Allison Wallace, a son, was born to Harry E. Wallace and Mamie F. Wallace at Payette Idaho on the 2nd. day of January 1898 and that Dr. T.A.Kimmell, now deceased, was the Physician in charge at the time of said birth.

That Payette, Payette County, was at the time of said birth a part of Canyon County.

Harry E. Wallace

Subscribed and sworn to before me this 5 day of ^UMarch, 1935.

M. H. E. P.
Notary Public, at
Mitchell, Scottsbluff Co.
Nebraska.

My commission expires

March 14, 1959

Witness to signature
Clifford R Wallace

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

553-220014-364

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. _____ St. _____

(If born in hospital or institution give name.)

Registration District No. _____ State File No. 231929

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Sarah Nettleton

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec 20 1898</u> (Month, Day, Year)
-------------------------	------------------	----------------------------	------------------------------	--------------	---------------------------	---

9. Full name <u>Edwin Grosvenor Nettleton</u>	FATHER	18. Full maiden name <u>Eliza Lomax</u>	MOTHER
--	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Nampa, Idaho</u>
---	---

11. Color or race <u>White</u>	12. Age at last birthday <u>32</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>39</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or country) <u>East Claridon Ohio</u>	22. Birthplace (city or place) (State or country) <u>Bureau County Illinois</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Civil engineer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Teacher</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
--	--

16. Date (month and year) last engaged in this work <u>May 1890</u>	17. Total time (years) spent in this work <u>12</u>	25. Date (month and year) last engaged in this work <u>May 1895</u>	26. Total time (years) spent in this work <u>10</u>
--	---	--	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

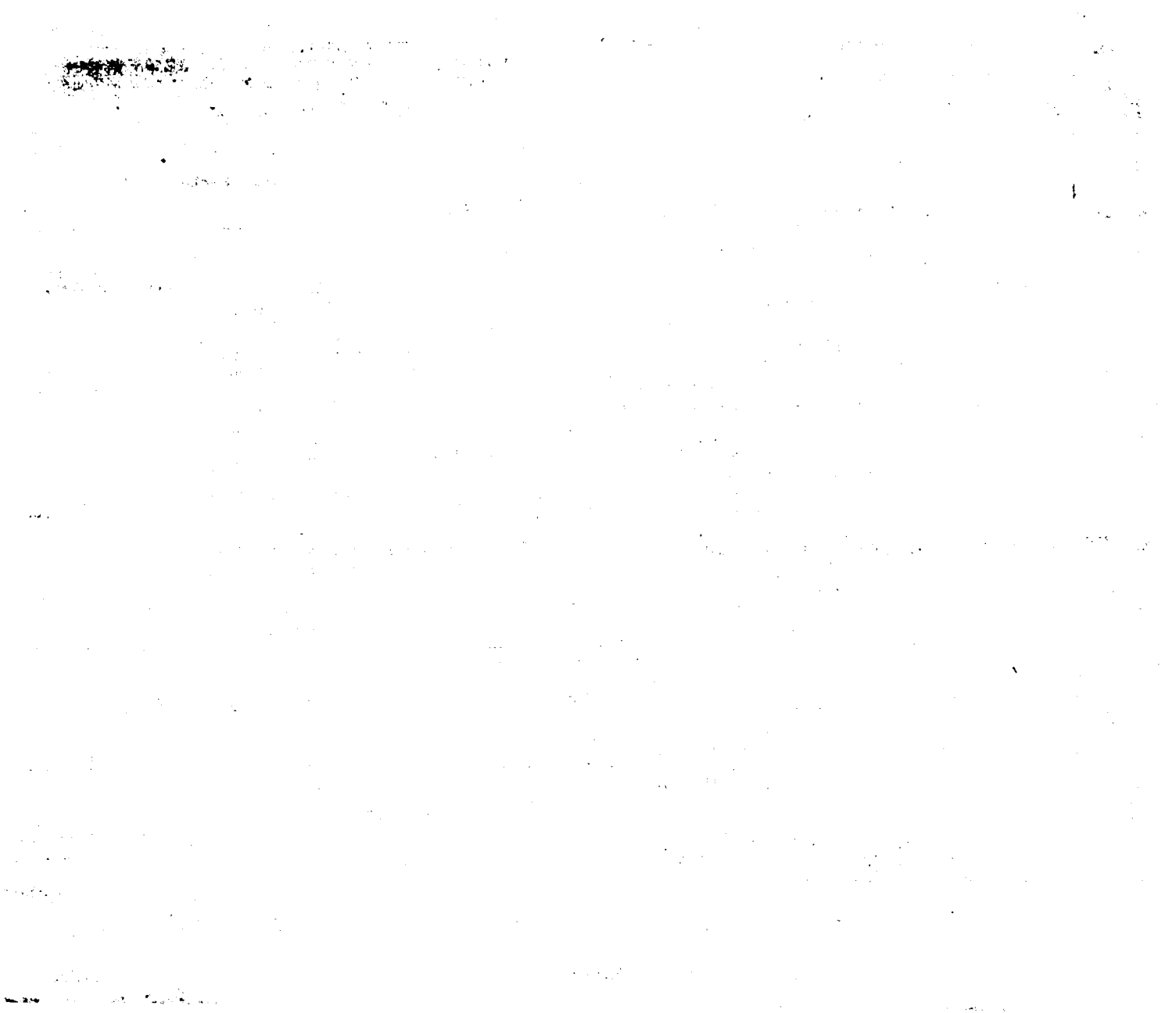
I hereby certify that I attended the birth of this child, who was Born Alive at 6 P. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eliza L. Nettleton mother
or _____ Midwife

Give name added from a supplemental report _____ Address Nampa, Idaho
(Date of) _____ Filed 4-30, 1935

Registrar. Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of child stated.

1. PLACE OF BIRTH			STATE OF IDAHO	
County of <u>Latah</u>			DEPARTMENT OF PUBLIC WELFARE	
City of <u>Kendrick, Idaho</u>			BUREAU OF VITAL STATISTICS	
No. <u>432-109 029 993</u>			CERTIFICATE OF BIRTH	
St. _____			Registration District No. _____ State File No. _____	
(If born in hospital or institution give name.)			Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Elden Mc Kee</u>				
3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature _____	7. Legitimate? <u>yes</u>
		5. Number, in order of birth <u>3rd</u>	Full term <u>yes</u>	8. Date of birth <u>Nov 9 1898</u> (Month, Day, Year)
9. Full name FATHER <u>Albert Mc Kee</u>			18. Full maiden name MOTHER <u>Eva Luella Riley</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Kendrick</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Kendrick</u>	
11. Color or race <u>White</u>			20. Color or race <u>White</u>	
12. Age at last birthday <u>34</u> (years)			21. Age at last birthday <u>27</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Cincinnati Ohio</u>			22. Birthplace (city or place) (State or Country) <u>Avoca, Iowa</u>	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____				
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Chlorine</u>				
28. Number of children of this mother (At time of this birth and including this child) <u>Three</u>				
(a) Born alive and now living <u>Two</u> (b) Born alive but now dead <u>One</u> (c) Stillborn <u>X</u>				
29. If stillborn, period of gestation _____ { months or weeks				
30. Cause of stillbirth _____ { Before labor. _____ During labor. _____				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 9:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from Mother
a supplemental report Mrs. Luella Mc Kee Worley, Ida (Date of) Worley, Ida

(Signed) _____, M. D.
or Mrs. Strahl, Midwife
Address _____
Filed Nov, 1905
Registrar. _____

Amelia - Riley Kendrick - Idaho
Mrs. J. T. Stanton Nezperce - Idaho
Mrs. Fannie - Clarkston - Wash.

523-2241022-249 AUG 9 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

233812

1. PLACE OF BIRTH
County of Fremont
City of Market Lake
No. _____ St. Idaho

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Winnie Esterak3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth Nov. 24 1898 (Month, Day, Year)9. Full name FATHER
Charles Esterak10. Residence (usual place of abode) Market Lake, Idaho.
(If non-resident, give place and State)11. Color or race white 12. Age at last birthday 46 (years)13. Birthplace (city or place)
(State or Country) Czechoslovakia14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER
Rosalie Zmrhal19. Residence (usual place of abode) Market Lake, Idaho.
(If non-resident, give place and State)20. Color or race white 21. Age at last birthday 36 (years)22. Birthplace (city or place)
(State or Country) Czechoslovakia23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 1 (At time of this birth and including this child)(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Mrs. Ledvina, (Midwife) Market Lake, Ida.or Rosa Esterak Mother, Market Lake, IdahoAddress 326 South Ridge Avenue, Idaho Falls, Idaho.Filed 8/9/35, 193____

Registrar.

Names and addresses of persons knowing of birth:

Mr. Harwood

Roberts, Idaho.

Mr. Stibal

Roberts, Idaho.

Mrs. Stibal

Roberts, Idaho.

743-1141010-259

234759

1. PLACE OF BIRTH
 County of Bonneville
 City of Ucon, Idaho
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **234759**

(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Arlie Poll

3. Sex Male	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>July 14 1898</u> (Month, Day, Year)

9. Full name **FATHER**
William Albert Poll

18. Full maiden name **MOTHER**
Ida Millissa Berrett Poll

10. Residence (usual place of abode)
 (If non-resident, give place and State) Pocatello

19. Residence (usual place of abode)
 (If non-resident, give place and State) Pocatello

11. Color or race white 12. Age at last birthday 63.46 (years)

20. Color or race white 21. Age at last birthday 57.20 (years)

13. Birthplace (city or place) Utah
 (State or country)

22. Birthplace (city or place) Utah
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farmer's wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____
 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____
 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, { months or weeks } 30. Cause of stillbirth { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 8 p. on the date above stated.
 (Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) William A. Poll Father XXXX

Give name added from a supplemental report. _____
 (Date of) _____

or William A. Poll ✓

Address _____

Registrar.

Filed 8/21/35, 193.

Registrar.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD.

N. B. - In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

DELAYED

318-21820-25

1. PLACE OF BIRTH
 County of Shoshone
 City of Murray
 No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lynne V. Cahen

3. Sex female If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth 6 6. Premature _____ Full term Yes 7. Legiti- mate? Yes 8. Date of birth November 10, 1898 (Month, Day, Year)

9. Full name FATHER Francis M. Cahen 10. Residence (usual place of abode) (If non-resident, give place and State) Murray, Idaho 11. Color or race white 12. Age at last birthday 44 (years) 13. Birthplace (city or place) (State or Country) Murray, Idaho 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. mines 16. Date (month and year) last engaged in this work present time 17. Total time (years) spent in this work 20 years

18. Full maiden name MOTHER Lola Fenn 19. Residence (usual place of abode) (If non-resident, give place and State) Murray, Idaho 20. Color or race white 21. Age at last birthday 25 (years) 22. Birthplace (city or place) (State or Country) Pleasant Grove, Utah 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home 25. Date (month and year) last engaged in this work present time 26. Total time (years) spent in this work ten

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None used

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 6 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation X { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 1 p. m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Lola Cahen Mother XXXX

or _____, Midwife

Address Murray - Shoshone Co - Idaho

Filed June, 1935

Registrar.

Registrar.

DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH

234791



JUN 27 1957

DELETED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

93-221 040-695 236710

1. PLACE OF BIRTH
County of Shoshone
City of Clarkia
No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 236710

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Nelen Gertrude Williams

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Feb. 21, 1898 (Month, Day, Year)

9. Full name FATHER Charles Wesley Williams 18. Full maiden name MOTHER Josephine Elizabeth Preiss

10. Residence (usual place of abode) (If non-resident, give place and State) Clarkia, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Clarkia, Idaho

11. Color or race White 12. Age at last birthday 40 (years) 20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Ashley Missouri 22. Birthplace (city or place) (State or Country) St. Louis Missouri

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homesteader OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 2 years 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) five
(a) Born alive and now living four (b) Born alive but now dead _____ (c) Stillborn one

29. If stillborn, period of gestation five { months as weeks 30. Cause of stillbirth Strain Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Josephine E. Williams

"Mother"

Address Palouse Washington

Filed Oct. 17, 1935

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

Registrar.

J. W. Williams, Spokane Washington.

Mrs. U. G. Dickson, Seattle Washington.
4114 - 5th Ave. South.

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

863-103 061-289

236714

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

236714

1. PLACE OF BIRTH

County of Ada

City of Boise

No. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

John Valentine Holcomb

3. Sex **Male** If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? **yes** 8. Date of birth **Feb. 3, 1898**, 193_____
(MONTH, DAY, YEAR)

9. Full name **FATHER**
Charles Malcom Holcomb
10. Residence (usual place of abode)
(If non-resident, give place and State) **Boise, Ida**
11. Color or race **W** 12. Age at last birthday **62** (years)
Ohio
13. Birthplace (city or place)
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Rancher**
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
_____, 19____

18. Full maiden name **MOTHER**
Alice Shields
19. Residence (usual place of abode)
(If non-resident, give place and state) **Boise, Ida.**
20. Color or race **W** 21. Age at last birthday **23** (years)
St. Louis, Mo.
22. Birthplace (city or place)
(State or country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
_____, 19____

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living **2** (b) Born alive but now dead **1** (c) Stillborn _____
28. If stillborn, { months { 29. Cause of stillbirth _____
period of gestation _____ or weeks { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(BORN ALIVE OR STILLBORN)

(Signed) **Mrs. Alice Holcomb** (MOTHER), M. D.

or _____, Midwife

Address _____

Filed **7/2/35**, 193____

Registrar.

Registrar.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____
(DATE OF)

MAR 26 1942

WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

866-218 025 879

1. PLACE OF BIRTH **MAY 25 1936 RECEIVED** STATE OF IDAHO **242714**
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho
City of Cottonwood
No. _____ St. _____
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Grace Margaret Howell

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? X 8. Date of birth Feb. 18, 1898
5. Number, in order of birth _____ Full term X (Month, Day, Year)

9. Full name Joel Frank Howell FATHER
18. Full maiden name Mary Jane Hardin MOTHER
10. Residence (usual place of abode) deceased 19. Residence (usual place of abode) Russell Mont.
(If non-resident, give place and State) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday _____ (years) 20. Color or race White 21. Age at last birthday 69 (years)
13. Birthplace (city or place) Top Creek 22. Birthplace (city or place) Beaumont Creek
(State or Country) North Carolina (State or Country) North Carolina

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work July 4, 1913 17. Total time (years) spent in this work 30 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work 44 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation 9 months or weeks 30. Cause of Stillbirth unknown { Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Born alive at 12 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____ M. D. Mary J. Howell mother
or _____ Russell Montana midwife
Address _____
Filed May 25, 1936
Registrar. Registrar.

Roy W. Brust Russell Montana

Mrs. Fred Simon Cottonwood Idaho

James Blackburn Cottonwood Idaho

Edgar Howell Concrete Wash.

345-131-003-392

242734

1. PLACE OF BIRTH

County of BannockCity of McCam

No. _____ St. _____

(If born in hospital or institution
give name.)

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Leo Thomas Cunningham

3. Sex Male	If plural births	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Aug - 31</u> , 1898 (MONTH, DAY, YEAR)
9. Full name <u>Thomas Albert Cunningham</u>		18. Full maiden name <u>Alta Lish</u>		19. Residence (usual place of abode) (If non-resident, give place and state) <u>Emmet - Colo.</u>	
10. Residence (usual place of abode) (If non-resident, give place and state) _____		20. Color or race <u>white</u>		21. Age at last birthday <u>29</u> (years)	
11. Color or race <u>white</u>		12. Age at last birthday <u>30</u> (years)		22. Birthplace (city or place) (State or country) <u>Burley - Idaho</u>	
13. Birthplace (city or place) (State or country) <u>St Joseph - Mo.</u>		23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		25. Date (month and year) last engaged in this work _____		26. Total time (years) spent in this work <u>1</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>General</u>		27. Total time (years) spent in this work <u>20</u>		28. Total time (years) spent in this work _____	
16. Date (month and year) last engaged in this work _____		29. Cause of stillbirth _____		30. Cause of stillbirth _____	

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____28. If stillborn, { months {
period of gestation { or weeks { 29. Cause of stillbirth { Before labor {
During labor {

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(BORN ALIVE OR STILLBORN)

{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Give name added from _____
a supplemental report _____

(DATE OF) _____

Address _____

Filed May 29, 1936

Registrar. _____

(Signed) William Calvin Thomas
Personal Acquaintance _____, Midwife

Registrar _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300

APR 7 1936

STATE OF CALIFORNIA,
COUNTY OF CONTRA COSTA.)

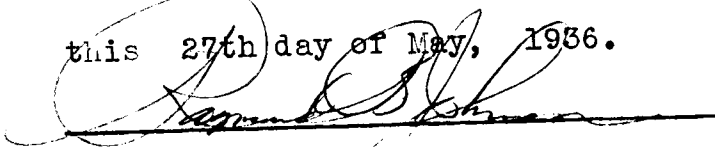
SS

William Calvin Thomas, being first duly sworn, deposes and says; that he is personally acquainted with Leo Thomas Cunningham who now resides in Berkeley, California; that the said Leo Thomas Cunningham was born in the City of McCammon in the County of Bannock, in the State of Idaho on the 31st day of August, 1898; that the above information is based upon the state^{ment} of Alta Cunningham, who was the mother of Leo Thomas Cunningham and who is now deceased; that the record of the birth of Leo Thomas Cunningham was destroyed by fire and that this affidavit is made for the purpose of establishing the birth record of said Leo Thomas Cunningham.

William Calvin Thomas

Subscribed and sworn to before me

this 27th day of May, 1936.


Notary Public in and for the County
of Contra Costa, State of California.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

435-224-008-915
JUL 14 1936 RECEIVED
STATE OF IOWA
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
COUNTY OF Boise
CITY OF Ada
No. 1115 Washington St.
CERTIFICATE OF BIRTH 243706

1. (If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Katherine Martha McElroy

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 24, 1898</u> (Month, Day, Year)
--------	------------------	----------------------------	------------------------------	--------------	---------------------------	---

9. Full name <u>FATHER</u> <u>Hugh Edward McElroy</u>	10. Residence (usual place of abode) <u>Boise Idaho</u> (If non-resident, give place and State)	11. Color or race <u>White</u>	12. Age at last birthday (years)	13. Birthplace (city or place) <u>Greenfield Ohio</u> (State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Office</u>	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	18. Full maiden name <u>MOTHER</u> <u>Mary Katherine Rand</u>
19. _____	20. Color or race <u>White</u>	21. Age at last birthday (years)	22. Birthplace (city or place) <u>Boise Idaho</u> (State or country)	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work	27. What prophylactic was used to prevent Ophthalmia Neonatorum?	28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks	30. Cause of stillbirth _____	Before labor _____	During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Hugh E. McElroy Father
or _____ Midwife

Give name added from a supplemental report.

(Date of)

Address 924 Fork St.

Filed July 14, 1936

Registrar.

Registrar.

Miss Emma C. Rand 924 Fort St. Boise
Mrs. Lucy A. Fallman 924 Fort St. Boise
Mrs. J. H. Lowell 1623 Dearborn St. Caldwell Idaho

OCT 11 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

231-207037-968
JUL 28 1936
244577

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 244577

1. PLACE OF BIRTH
County of Oneyhee
City of Murphy
No. _____ St. _____
in mining camp.
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Emma Ardell Blass

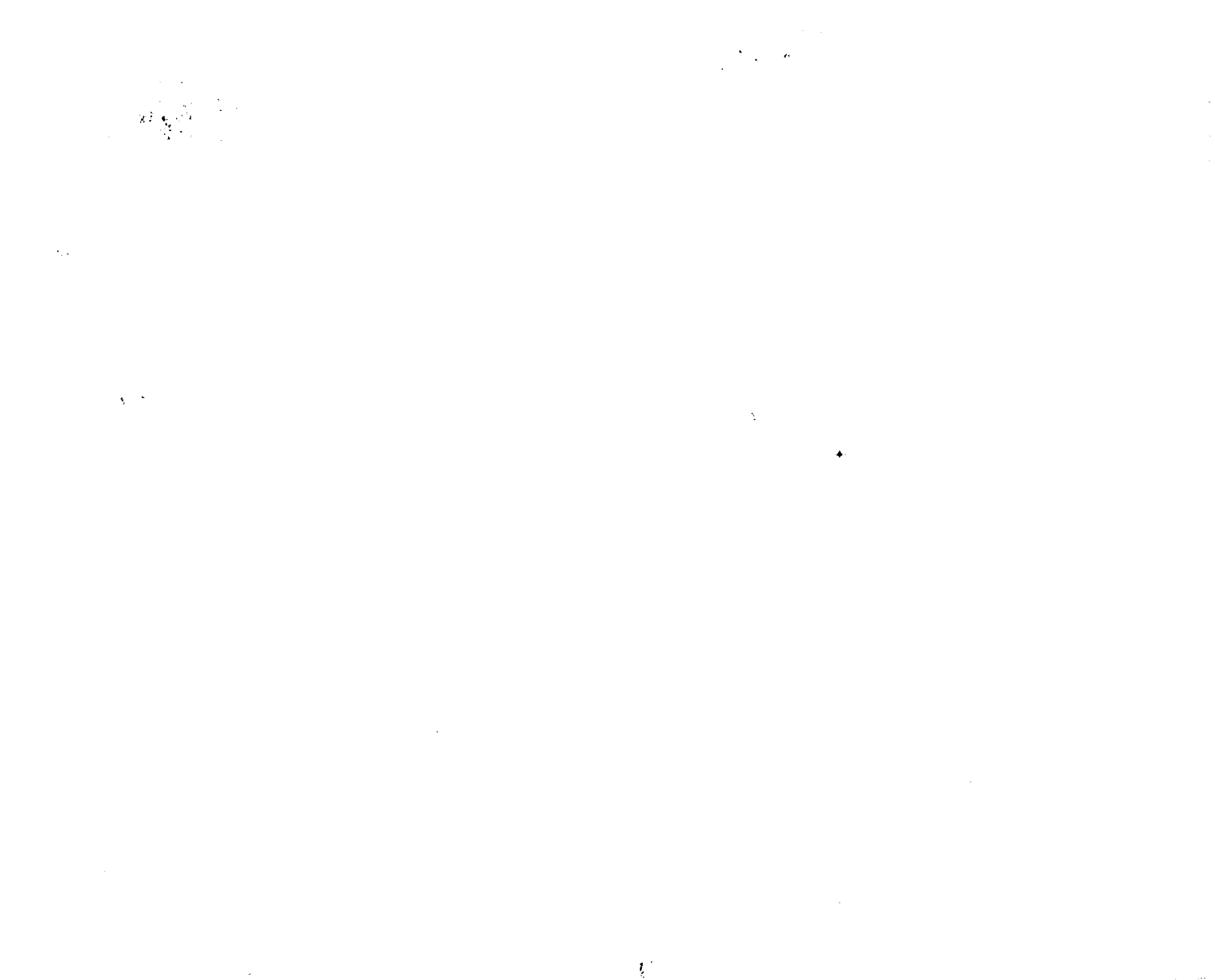
3. Sex Girl If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Feb. 7, 1898
5. Number, in order of birth _____ Full term _____ mate? _____ (Month, Day, Year)

9. Full name John H. Blass FATHER
18. Full maiden name Freda Richman MOTHER
10. Residence (usual place of abode) _____
(If non-resident, give place and State) _____
19. Residence (usual place of abode) Bohmen
(If non-resident, give place and State) _____
11. Color or race white 12. Age at last birthday 27 (years) 20. Color or race white 21. Age at last birthday 27 (years) 24
13. Birthplace (city or place) Mauston 22. Birthplace (city or place) Arch Austria
(State or Country) Wisconsin (State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 3 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living. _____ (b) Born alive but now dead. _____ (c) Stillborn. no
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During "labor" _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn) _____
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. _____
July 25 (Date of) 1936
Registrar. _____
(Signed) Mrs. F. Blass
or John H. Blass
Address Filer Idaho
Filed July 28, 1936
Registrar. _____



294-209,040-549 OCT 1 1936 RECEIVED 3823 246623
 1. PLACE OF BIRTH Shoshone STATE OF IDAHO
 County of Shoshone DEPARTMENT OF PUBLIC WELFARE
 City of Mace (near Wallace) BUREAU OF VITAL STATISTICS
 No. home, but no number CERTIFICATE OF BIRTH

(If born in hospital or institution give name.)
 Registration District No. _____ State File No. 246623
 Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ELSIE EMILY SIMON

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 9, 1898</u> (Month, Day, Year)
-------------------------	--------------------	----------------------------------	------------------------------------	--------------------	---------------------------	--

9. Full name <u>FATHER</u> <u>ANDREW SIMON</u>	18. Full maiden name <u>MOTHER</u> <u>SOPHIA ERICKSON</u>
--	---

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Mace, Ida.</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>same</u>
---	---

11. Color or race <u>W.</u>	12. Age at last birthday <u>38</u> (years)	20. Color or race <u>W.</u>	21. Age at last birthday <u>25</u> (years)
-----------------------------	--	-----------------------------	--

13. Birthplace (city or place) <u>Quebec, Canada</u> (State or country)	22. Birthplace (city or place) <u>Wasa, Finland</u> (State or country)
--	---

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter-Miner</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
---	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Silver-lead mine</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>home</u>
--	--

16. Date (month and year) last engaged in this work <u>Nov. 1897</u>	17. Total time (years) spent in this work <u>1</u>	25. Date (month and year) last engaged in this work <u>still</u>	26. Total time (years) spent in this work _____
---	--	---	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 2 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation _____ months or weeks	30. Cause of stillbirth _____	Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
 (Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.

Sophia Erickson Simon Babcock
 MOTHER
 Address 1116 Canyon Ave., Wallace, Idaho

Filed Oct. 1, 1936

Registrar.

Registrar.

Persons knowing of birth:

Victoria St Germain, Osburn, Idaho

Josephine Granlund, 1515 Pacific Ave., Aberdeen, Wash.

Rosanna DeMers, Osburn, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

276-226-229-867

1. PLACE OF BIRTH

County of Latah

City of Moscow Idaho

No.

(If born in hospital or institution give name)

2. FULL NAME OF CHILD

Grace Alberta Brown

3. Sex

female

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

7. Legitimate? yes

8. Date of birth

Feb 26 1935
(Month, Day, Year)

Full name

FATHER

Talcott Merrill Brown

10. Residence (usual place of abode)

(If non-resident, give place and State) Moscow Idaho

11. Color or race white

12. Age at last birthday 4 1/2 (years)

13. Birthplace (city or place) Newport
(State or country) Rhode Island

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

18. Full maiden name

MOTHER

Martha Ann Hoge

19. Residence (usual place of abode)

(If non-resident, give place and State) Moscow Idaho

20. Color or race white

21. Age at last birthday 22 (years)

22. Birthplace (city or place) Mapleton
(State or country) Kansas

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn,

period of gestation

months or weeks

30. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

Lore E. Stickney sister M. D.

Give name added from a supplemental report

(Date of)

Subscribed & sworn to before me this 30th day of September, 1936.

Address

108 E. Queme

Notary Public for Idaho

Residing at Caldwell, Idaho. Registrar.

Filed

Oct. 2

1936

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247318

Registration District No.

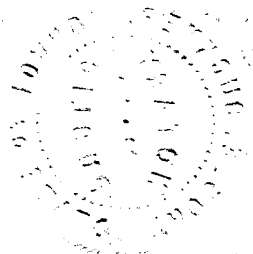
State File No.

Prim. Registration District No.

Local Registrar's No.

RECEIVED
OCT 2 1936

MAY 7 1959



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

266-123 004-355

OCT 20 1936

AFFIDAVIT OF BIRTH

For use in cases where Certificates of Birth cannot be supplied

207621

PLACE OF BIRTH
County of Bear Lake

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

247621

Township of _____
or
City of Montpelier

STATE OF ~~KANSAS~~
IDAHO

No. _____ street. Reg. No. _____

Full Name of Child EARL La MAR BOWEN

Sex of Child. <u>Male</u>	Twin, Triplet, or other? <u>Twin</u> (To be answered only in event of plural births.)	Number in order of birth. <u>2d</u>	Legitimate. <u>Yes</u>	Date of birth. <u>Dec. 23</u> 189 <u>8</u> (Month) (Day) (Year)
Full Name. <u>FATHER</u> <u>Brigham H. Bowen</u>			Full Name. <u>MOTHER</u> <u>Emma V. Lee</u>	
Residence. (At time of birth) <u>Montpelier, Idaho</u>			Residence. (At time of birth) <u>Montpelier, Idaho</u>	
Color. <u>White</u>	Father's age. <u>46</u> (46) years. (At time of birth of this child)	Color. <u>White</u>		
Birthplace. <u>Wales</u>		Birthplace. <u>Utah</u>		
Occupation. (At time of birth) <u>Blacksmith</u>		Occupation. (At time of birth) <u>Housewife</u>		

Mrs. Charles Bridges
(Name of attending ~~Physician~~ Midwife)

AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THE FACTS OF THIS BIRTH.

Utah
State of ~~KANSAS~~ Box Elder County, ss.

Emma Bowen Holmes being first duly sworn, on oath states that S he resides at Brigham City in Box Elder county, ~~KANSAS~~ Utah, and that the statements contained in the foregoing Affidavit of Birth are true and correct, as affiant is informed and verily believes. and that she is related to Earl LaMar Bowen as sister.

Emma Bowen Holmes
(Elder sister of Earl LaMar Bowen)

Subscribed and sworn to before me, a notary public in and for said county and state, this 9 day of October 1936

My commission expires Oct. 16, 1937

Filed Oct. 20 1936

J. E. Baird
Notary Public.

State Registrar.

DEC 23 1944

29-118 021 2418

247645

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

247645

1. PLACE OF BIRTH
County of Franklin
City of Franklin
No. Idaho St.
OCT 29 1936

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Wayne Mayberry Brasley

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of birth 18 March 1898
5. Number, in order of birth _____ Full term _____ mate? X (Month, Day, Year)

9. Full name FATHER Gaston La Fayette Brasley
10. Residence (usual place of abode) (If non-resident, give place and State) 39
11. Color or race W. 12. Age at last birthday 39 (years)
13. Birthplace (city or place) (State or country) Franklin, Tenn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Josephine Mayberry
19. Residence (usual place of abode) (If non-resident, give place and State) 33
20. Color or race W. 21. Age at last birthday 33 (years)
22. Birthplace (city or place) (State or country) Franklin, Tenn.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4th m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. _____ (Date of) _____

(Signed) Josephine Mayberry Brasley, M.D.
or Josephine M. Brasley, Midwife

Address 1574 Allston Way Berkeley, Calif.

Filed Oct. 29, 1936

Registrar.

Registrar.

Thos. Durant. Franklin Idaho-

Mrs. L. Peterson Franklin Ida.

Mrs John Biggo Franklin Idaho-

AUG 8 1966

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of birth stated.

266221006 693

249731

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249731

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot
No. 20 #1 St.

Registration District No. State File No.

(If born in hospital or institution give name.)

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Viola Mae Bowker

3. Sex 7 { If plural births } 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate? Yes 8. Date of birth May 21, 1898
(Month, Day, Year)

9. Full name FATHER
John Squires Bowker
10. Residence (usual place of abode)
(If non-resident, give place and State) Blackfoot
11. Color or race white 12. Age at last birthday 27 (years)
13. Birthplace (city or place) American Fork
(State or country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19. in this work

18. Full maiden name MOTHER
Rosella Mae Wilson
19. Residence (usual place of abode)
(If non-resident, give place and State) Blackfoot
20. Color or race white 21. Age at last birthday 23 (years)
22. Birthplace (city or place) Ogden
(State or country) Utah
OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19. in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living. 1 (b) Born alive but now dead. (c) Stillborn. 1

29. If stillborn, period of gestation } months } 30. Cause of stillbirth } Before labor
or weeks } During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was delivered at 7 a.m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. T. Bowker (Father) M.D.

or Midwife

Give name added from a supplemental report

Address Blackfoot Idaho

(Date of)

Filed January 2, 1937

Registrar.

Registrar.

UNITED STATES
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

AUG 9 1960

Mrs. Elya E. Wilson
Blackfoot, Idaho

Route # 2

Mr. J. L. Wilson
Blackfoot, Idaho
Route # 2

Mrs. A. C. Jensen
Mackay, Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of stillbirth, one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

236-227-295		PLACE OF BIRTH		STATE OF IDAHO		251584	
County of <u>Kootenai, Ida</u>		City of <u>Boonville, Idaho</u>		DEPARTMENT OF PUBLIC WELFARE		BUREAU OF VITAL STATISTICS	
No. <u>8 1/2 miles east of</u>		City <u>Boonville</u>		MAR 10 1937		CERTIFICATE OF BIRTH	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		State File No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Ruth Muriel Stone</u>							
3. Sex <u>Girl</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature <u>Yes</u>		7. Legitimate? <u>Yes</u>	
8. Date of birth <u>Sept 27 1898</u>		(Month, Day, Year)					
9. Full name FATHER <u>George Marshall Stone</u>				18. Full maiden name MOTHER <u>Flora Kinney</u>			
10. Residence (usual place of abode) <u>Boonville, Idaho</u>				19. Residence (usual place of abode) <u>C. D. A.</u>			
(If non-resident, give place and State)				(If non-resident, give place and State)			
11. Color or race <u>White</u>		12. Age at last birthday <u>28</u> (years)		20. Color or race <u>White</u>		21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) <u>Mapleton, Idaho</u>		(State or Country) <u>Idaho</u>		22. Birthplace (city or place) <u>Pemphix, Ark</u>		(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House-work</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>Sept. 1898</u>		17. Total time (years) spent in this work <u>3 yrs</u>		25. Date (month and year) last engaged in this work <u>Sept. 1898</u>		26. Total time (years) spent in this work <u>3 yrs</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>							
28. Number of children of this mother (At time of this birth and including this child) <u>2</u>							
(a) Born alive and now living <u>all</u> (b) Born alive but now dead <u>none</u> (c) Stillborn _____							
29. If stillborn, period of gestation _____		{ months or weeks _____		30. Cause of Stillbirth _____		{ During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10.0 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Mrs. Mrs. O. O. O.

(Date of) Sept 1898
Registrar.

(Signed) Dr. Pather
or George Marshall Stone Midwife
Address Boonville, Idaho
Filed MAR 10 1937 193____ Registrar.

The following peoples, names.

know at this birth & are living here.

Mrs Chas W. Williams Coeur d'Alene, Idaho.

Mrs Lizzie Williams, Coeur d'Alene, Idaho.

Mrs. Florence Nichols, Coeur d'Alene, Idaho.

1. PLACE OF BIRTH
 County of Bingham
 City of Moreland
 No. _____ St. _____

RECEIVED
 MAR 28 1937

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252453

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ersel Monroe Lindsay

3. Sex <u>Male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Aug. 2, 1898</u> 193 (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>x</u>		

9. Full name <u>William Thomas Lindsay</u>		18. Full maiden name <u>Hannah Sparks</u>	
10. Residence (usual place of abode) <u>Moreland, Idaho</u> (If non-resident, give place and State) _____		19. Residence (usual place of abode) <u>Moreland, Idaho</u> (If non-resident, give place and State) _____	
11. Color or race <u>White</u> 12. Age at last birthday <u>44</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>44</u> (years)	
13. Birthplace (city or place) <u>Keyville, Utah</u> (State or Country)		22. Birthplace (city or place) <u>Parmington Utah</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____
 (Date of) _____

Registrar.

(Born Alive or Stillborn)
 (Signed) Signature on reverse, M. D.
 or side, Midwife
 Address _____
 Filed 3/26/37, 193
 (over)
 Registrar.

Ersel Monroe Lindsey, being duly sworn, deposes and says:

JUN 13 1977

That the statements as given on the reverse hereof are true to his best knowledge and belief.

Ersel Monroe Lindsey

Subscribed and sworn to before me
this 24th day of March, 1937.

Thomas Sparks
Notary Public in and for the County
of Alameda, State of California.

William Thomas Lindsay : Born 1854

Hannah Sparks 1857

My father died in 1923 and my mother died when I was about 9 years old

E. H. Lindsey

DELAYED

SEE 1898 - 335444

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. N. B.--In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Elmore
City of Cold Spring Cr.
No. Near Mtn Home St. Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

253015

Registration District No. 34 State File No.

Prim. Registration District No. 2020 Local Registrar's No. 12

2. FULL NAME OF CHILD James William Stanfield

3. Sex. Male	If plural births {	4. Twin triplet, or other.....	6. Premature.....	7. Legitimate? <u>yes</u>	8. Date of birth <u>Jan. 18, 1898</u> (Month, Day, Year)
		5. Number, in order of birth.....	Full term <u>yes</u>		
9. Full name FATHER <u>James Beams Stanfield</u>			18. Full maiden name MOTHER <u>Hattie Hazeltine Shutt</u>		
10. Residence (usual place of abode) <u>Near Mtn Home Idaho</u> (If non-resident, give place and State)			19. Residence (usual place of abode) <u>Near Mtn Home Idaho</u> (If non-resident, give place and State)		
11. Color or race <u>white</u>			20. Color or race <u>white</u>		
12. Age at last birthday <u>43</u> (years)			21. Age at last birthday <u>26</u> (years)		
13. Birthplace (city or place) <u>Illinois</u> (State or country)			22. Birthplace (city or place) <u>Neodesha Kansas</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner <u>Stockman</u> sawyer, bookkeeper, etc.			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housewife</u>		
15. Industry or business in which work was done, as silk mill, saw <u>Sheep</u> mill, bank, etc.			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>		
16. Date (month and year) last engaged in this work			25. Date (month and year) last engaged in this work		
17. Total time (years) spent in this work			26. Total time (years) spent in this work		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

What prophylactic was used to prevent Ophthalmia Neonatorum?

28. If stillborn, { months } Before labor
period of gestation { or weeks } During labor

29. Cause of stillbirth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who (Signed) Hattie Hazeltine Stanfield, M. D.
was Born alive 11:30 A.M. on the date above stated. or deceased
(Born Alive or Stillborn) Address Mountain Home, Idaho

Filed July 8, 1937 Registrar.

[When there was no attending physician or midwife, then the father, householder, etc. should make this return.]
Note: - Dr. Wm F. Smith attending M.D. deceased at time of filing this certificate., Also father & nurse. (OVER)

I, W.W. Fountain, hereby certify, That at the time of the birth of within child, I was living a neighbor to J.B. Stanfield, and as near as I can remember, the child was born about noon on January 18, 1898.

W.W. Fountain
Probate Judge
Elmore County.

Subscribed and sworn to before the undersigned, this 8th day of February, 1937.

[Signature]
Notary Public

I, R.W. Smith, hereby certify, That at the time of the birth of the within child, I was druggist at Mountain Home, Idaho, and as near as I can remember, the child was born between 11 and 12 O'Clock A.M., on January 18, 1898.

R.W. Smith
Druggist.

Subscribed and sworn to before me, this 8th day of ~~January~~ February, 1937.

[Signature]
Notary Public.
Residing at
Mountain Home, Idaho.
My commission expires
April 20, 1938

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

563-221008-699
PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 255458

County of Bose
City of P.O. Sweet
No. _____ St. _____
JUL 6 1937
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Margaret Elsie Holand

3. Sex	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 21, 1898</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name <u>William Horace Holand</u> FATHER	18. Full maiden name <u>Jennie Elizabeth Wright</u> MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Sweet Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sweet Idaho</u>
11. Color or race <u>White</u>	20. Color or race <u>White</u>
12. Age at last birthday <u>42</u> (years)	21. Age at last birthday <u>31</u> (years)
13. Birthplace (city or place) (State or Country) <u>Brook, Adams County Iowa</u>	22. Birthplace (city or place) (State or Country) <u>Idaho, Cato County Indiana</u>

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rancher</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
	16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 6
(At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead none (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I am the mother attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

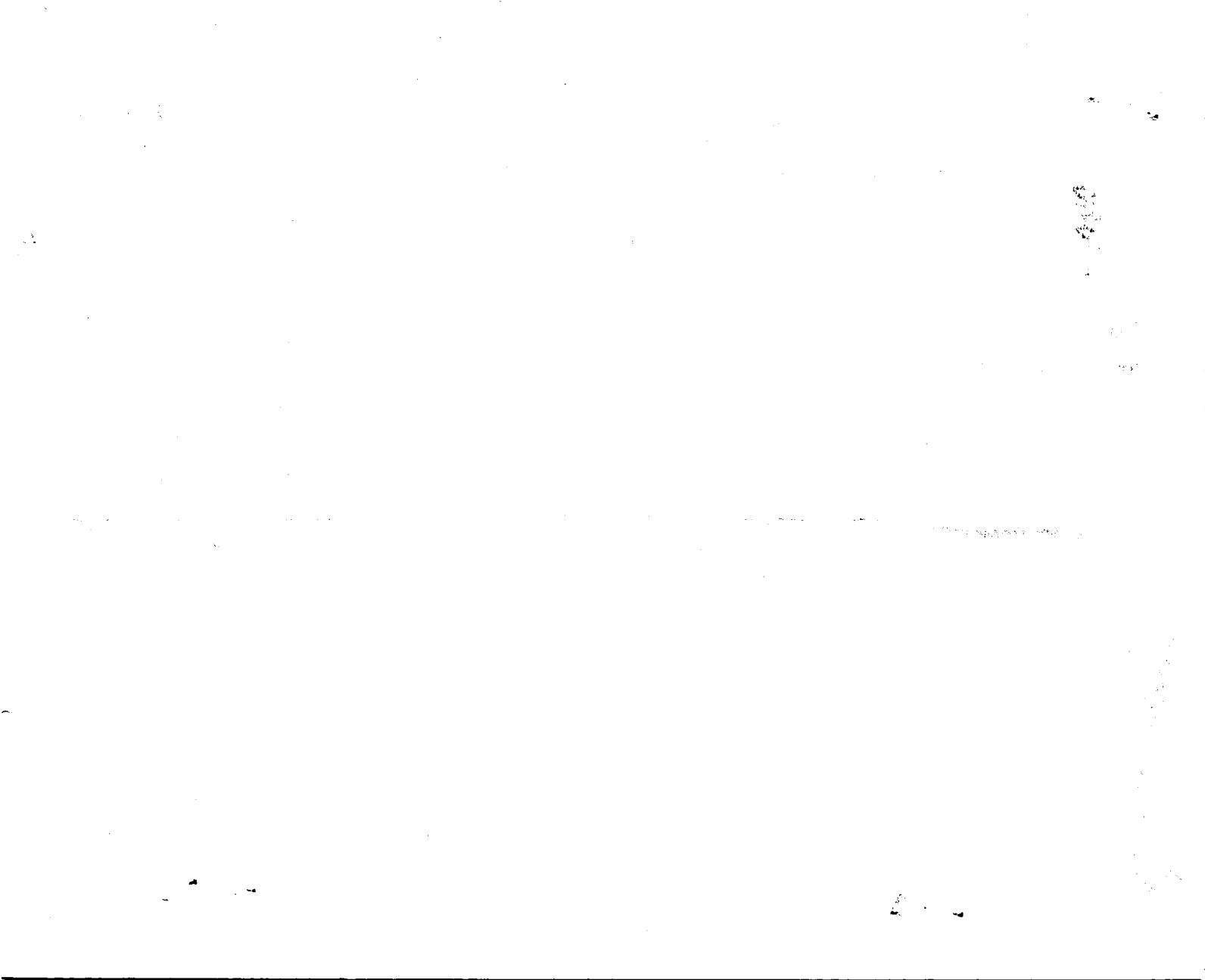
Give name added from a supplemental report _____

(Date of) _____

(Signed) no attending physician, midwife M. D.
or Jennie Elizabeth Holand mother
Address _____

Filed JUL 6 1937 193 _____

Registrar. Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Commion of Canada } ss.

Jennie Elizabeth Roland being first duly sworn says that
Margaret Elsie Roland is the my daughter and of William Horace Roland
(Relationship of child)*

born June 21st 1898 at Sweet, Boise County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Margaret Elsie Roland desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Margaret Elsie Roland

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

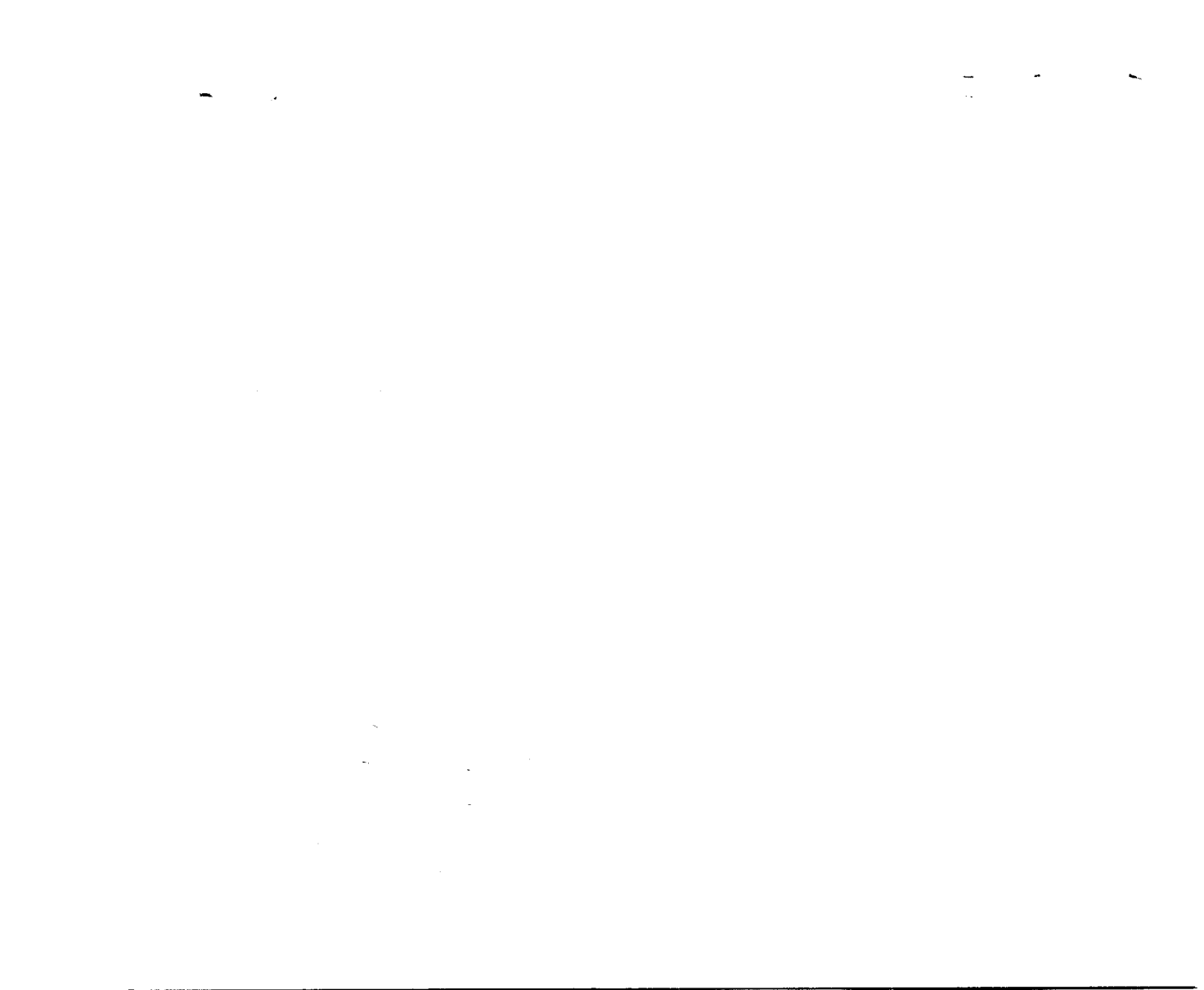
Affiant further states that Mrs Mary Breton M.D. was the
medical attendant at the birth of said Margaret Elsie Roland Midwife
and that the said medical attendant is Mrs. Breton is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Jennie Elizabeth Roland
P. O. Address Maple Creek, Sask.

Subscribed and sworn to before me this 2nd day of July, 1937

J. W. Thompson
Notary Public.
Residing at Maple Creek, Sask. Can. Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A-155-228-004-113

1. PLACE OF BIRTH
County of Bear Lake
City of Montpelier Idaho
No. _____ St. _____

AUG 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256462

256462

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Flagman Mary Jensen

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? _____ 8. Date of birth November 25 1898
(Month, Day, Year)

9. Full name FATHER Christian Jensen

10. Residence (usual place of abode)
(If non-resident, give place and State) _____

11. Color or race Race 12. Age at last birthday 27 (years)

13. Birthplace (city or place) Montpelier
(State or Country) Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent _____

19. _____ in this work _____

18. Full maiden name MOTHER Hortia Jacobsen

19. Residence (usual place of abode)
(If non-resident, give place and State) _____

20. Color or race Race 21. Age at last birthday 22 (years)

22. Birthplace (city or place) Copenhagen
(State or Country) Denmark

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent _____

19. _____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
one (a) Born alive and now living. 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

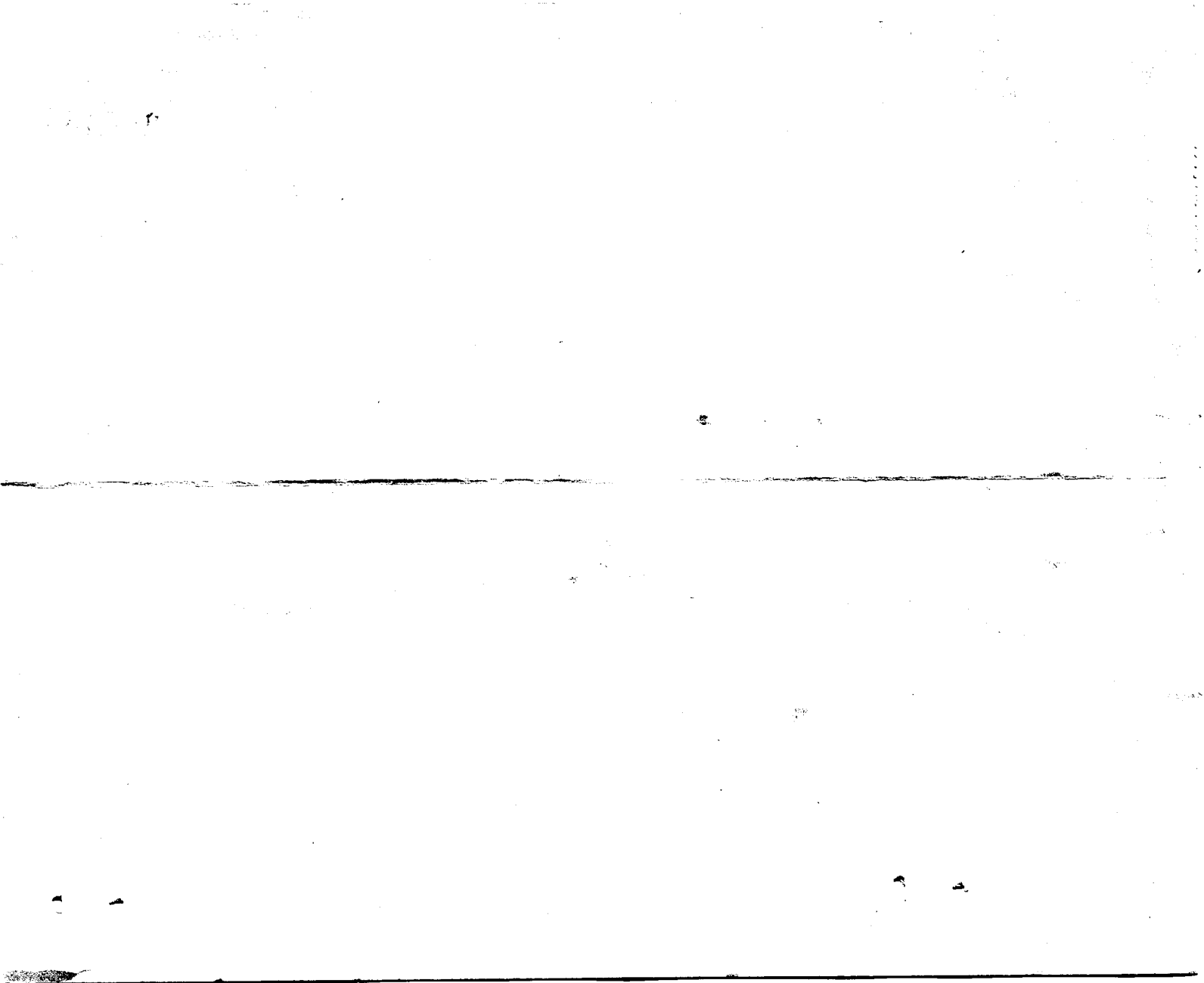
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed AUG 10 1937, 193 _____

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

CHRISTIAN JENSEN

being first duly sworn says that

is the father of DAGMAR MARY JENSEN
(Relationship of child)*

born November 28, 1898 at Montpelier, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said DAGMAR MARY JENSEN

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that (name unknown) ~~was~~ was the medical attendant at the birth of said Dagmar Mary Jensen and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

Christian Jensen

P. O. Address

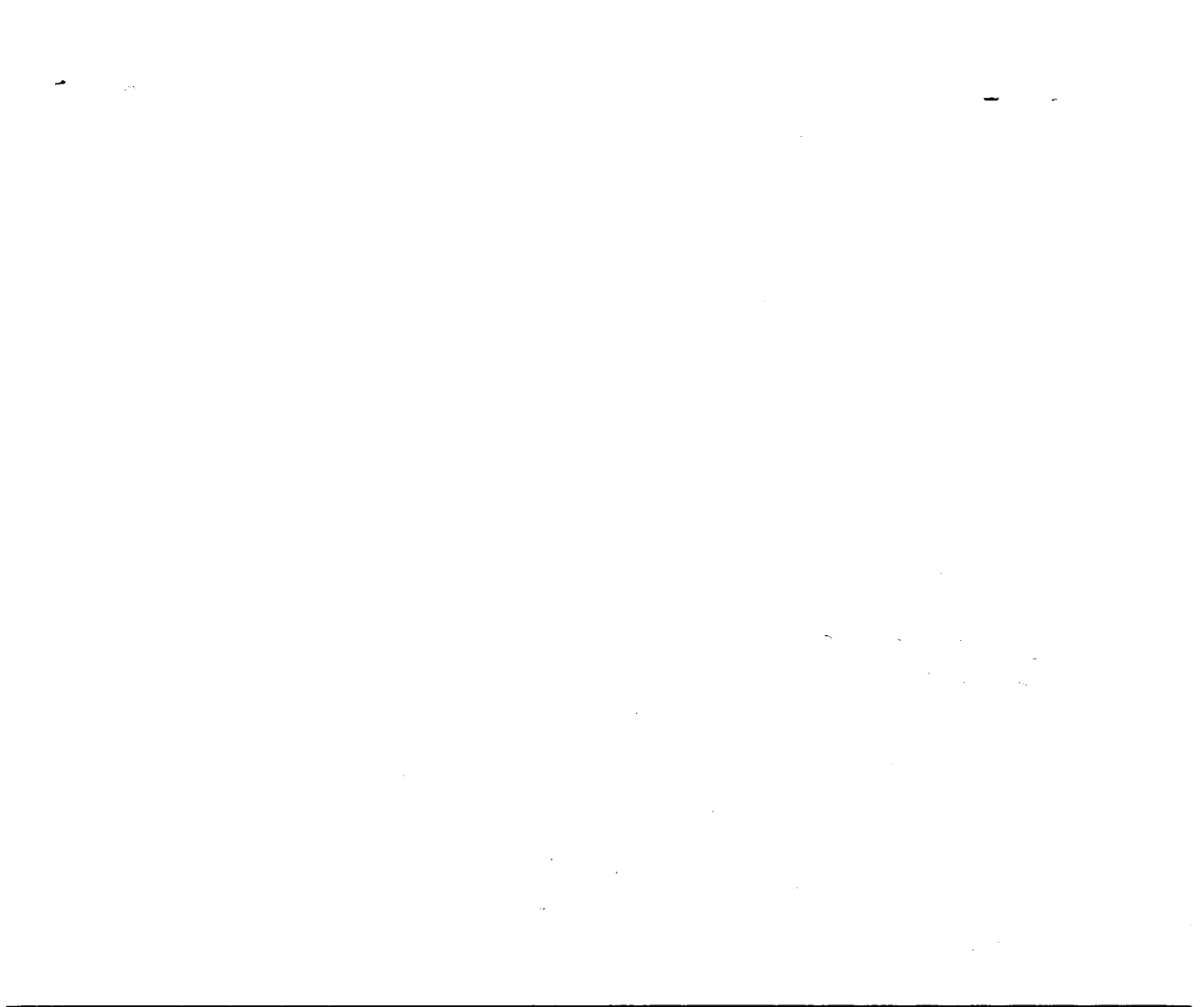
Phillip Hotel, Portland, Oregon

Subscribed and sworn to before me this 9th day of August, 1937.

My commission expires November 8, 1939

Notary Public.
for Oregon.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



996214004-652

1. PLACE OF BIRTH
 County of Bear Lake
 City of Montpelier
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

257731

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Guinevere A Irwin

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? _____	8. Date of birth <u>April 14</u> <u>1898</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name <u>Richard Irwin</u>	FATHER	18. Full maiden name <u>Adah Ann Webster</u>	MOTHER
--------------------------------------	--------	---	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Montpelier</u>
---	---

11. Color or race <u>W</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>W</u>	21. Age at last birthday <u>23</u> (years)
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13. Birthplace (city or place) (State or Country) <u>Toronto</u> <u>Canada</u>	22. Birthplace (city or place) (State or Country) <u>Montpelier</u> <u>Idaho</u>
--	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
---	--

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>R R</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>
---	---

16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____, 19____
--	--	--	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn)
 (Signed) Adah Ann Webster (mother)

or _____, Midwife

Address Sheridan Subscribed and sworn to before me

Filed 8-18-37 this 18th day of Aug 1937

Pearl Dillingham Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 24 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

719 203023 464

258540

1. PLACE OF BIRTH
County of Em
City of Emmett
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

258540

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Olive Imogene Parrott

3. Sex _____ If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? _____ 8. Date of birth Sept 3, 1933
(Month, Day, Year)

9. Full name FATHER Samuel Parrott 18. Full maiden name MOTHER Linda E. Moulton

10. Residence (usual place of abode) (If non-resident, give place and State) Emmett 19. Residence (usual place of abode) (If non-resident, give place and State) Emmett

11. Color or race W 12. Age at last birthday 32 (years) 20. Color or race W 21. Age at last birthday 22 (years)

13. Birthplace (city or place) (State or Country) Hamilton Illinois 22. Birthplace (city or place) (State or Country) St. Joseph Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____

(Born Alive or Stillborn)

(Signed) Linda M. Parrott _____, M. D.

or _____, Midwife

Address 415, Idaho St., Boise, Idaho

Filed 9-18-37, 1933

Registrar.

State Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

11/11/11

WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

282-109-006-512

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 17 1937

CERTIFICATE OF BIRTH

258752

1. PLACE OF BIRTH
County of Bingham
City of Ammon
No. _____ St. Idaho

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Genoris Robert Bybee

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term Yes mate? Yes 8. Date of birth Sept 9th 1898
(Month, Day, Year)

9. Full name FATHER James Andrew Bybee

18. Full maiden name MOTHER Ozetta Eastman

10. Residence (usual place of abode)
(If non-resident, give place and State) Ammon

19. Residence (usual place of abode)
(If non-resident, give place and State) Ammon

11. Color or race White 12. Age at last birthday 33 (years)

20. Color or race White 21. Age at last birthday 28 (years)

13. Birthplace (city or place)
(State or Country) Uintah
Utah

22. Birthplace (city or place)
(State or Country) Salt Lake City
Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work
Nov, 1898 17. Total time (years) spent in this work 4

25. Date (month and year) last engaged in this work
May, 1922 26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) Four
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period* of gestation { months or weeks 30. Cause of Stillbirth { Before labor _____ During labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

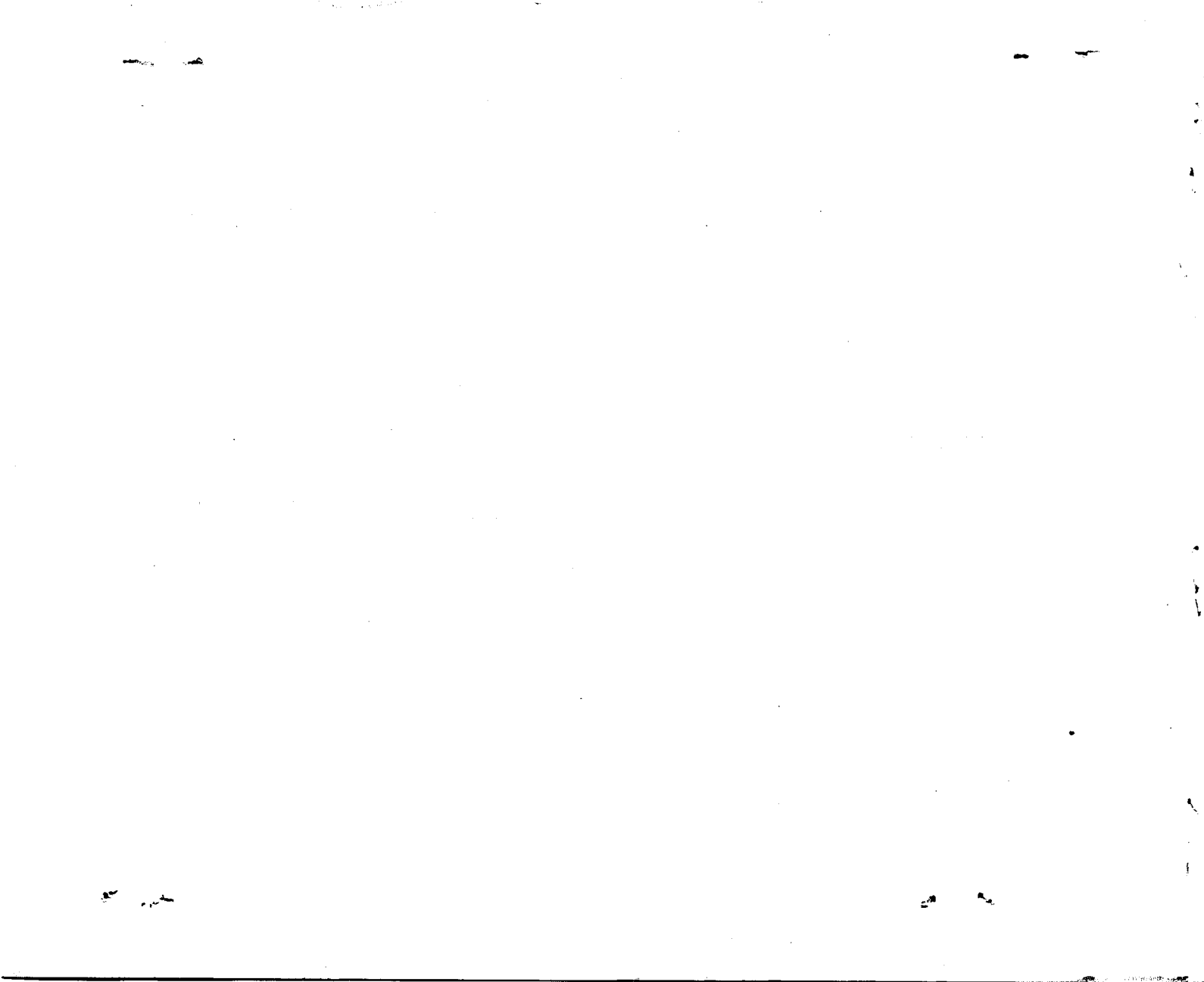
(Date of)

Registrar.

(Born Alive or Stillborn)
(Signed) Midwife, address unknown M. D.

Gas. A. Bybee, Father M.D.
Address _____

Filed Sept. 17, 1937 Pearl Dillingham
State Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn says that
James Andrew Bybee is the father of Genoris Robert Bybee
(Relationship of child)*
born Sept 9th 1898 at Ammon, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Genoris Robert Bybee
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Elizabeth Bybee ~~M.D.~~ was the
medical attendant at the birth of said Genoris Robert Bybee Midwife
the said medical attendant is somewhere in Utah. and that
(Now deceased (or) cannot be located)

Name of Affiant James A. Bybee
P. O. Address 1315 N 21st St. Boise, Idaho

Subscribed and sworn to before me this 17 day of September, 1937.

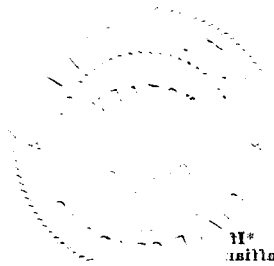
G. H. Hether
Notary Public.
Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 9 1942

STATES
BARBARA

DEPARTMENT



the office
* 11

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 221- 11 th Ave So. st.

RECEIVED

NOV 17 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260588

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Russell Dewey Rockwell

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>10- 9</u> , 19 <u>38</u> (Month, Day, Year)
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9. Full name FATHER
Frank Emmett Rockwell

10. Residence (usual place of abode)
(If non-resident, give place and State) Nampa Idaho

11. Color or race White 12. Age at last birthday 43 (years)

13. Birthplace (city or place) Wisconsin
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work April, 1908
17. Total time (years) spent in this work 35

18. Full maiden name MOTHER
Josephene Arebelle Russell

19. Residence (usual place of abode)
(If non-resident, give place and State) _____

20. Color or race White 21. Age at last birthday 38 (years)

22. Birthplace (city or place) Ohio
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work March 4, 1904
26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

9 (nine)

(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3a m. on the date above stated.

(Born Alive or Stillborn)

(Signed) F. H. Rockwell (Brother) M.D.

or _____, Midwife

Address Nampa Idaho

Filed Nov, 1937

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

Registrar.

12. 10. 11

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Utah
County of Weber

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Frank Rockwell

being first duly sworn says that

He is the Brother of Russell Dewey Rockwell
(Relationship of child)*

born Oct 9, 1898 at Nampa Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Russell Dewey Rockwell desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Russell Dewey Rockwell

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Kohler (deceased) M. D. was the
medical attendant at the birth of said Russell Dewey Rockwell and that
the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant

Frank Rockwell

P. O. Address

Box 564 Ogden Utah

Subscribed and sworn to before me this 16th day of November, 1937

Leonard Knight

Notary Public.

Residing at Ogden Utah, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

)



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

855720014 331

1. PLACE OF BIRTH
County of Canyon
City of Hamphra
No. 4 St.

RECEIVED
NOV 26 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

260949

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Marvin Wayne Henry

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legitimate? X 8. Date of birth July 20, 1937
(Month, Day, Year)

9. Full name FATHER Andrew Morrison Henry

10. Residence (usual place of abode)
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 27 (years)

13. Birthplace (city or place)
(State or Country) Ohio

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Mar. 1, 1926 17. Total time (years) spent in this work 20 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) Maud Henry (mother), M. D.
or _____, Midwife

Address _____

Filed NOV 26 1937, 1937

Registrar.

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Marion Rayne Henry being first duly sworn says that
is the son of Andrew Henry and Maud Henry.
(Relationship of child)*
born July 20 - 1898 at Hamper Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Maud Henry desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Marion Rayne Henry.
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. P. S. Koehler M. D. was the
medical attendant at the birth of said Marion Rayne Henry Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Maud Henry
P. O. Address 219-10 Av. D. Hamper Idaho
Subscribed and sworn to before me this 23 day of August, 1937
James M. Finner
Notary Public.

Residing at Hamper, Idaho.
*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

SEP 1 - 1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

713-117-022-253

1. PLACE OF BIRTH
County of Fremont R.
City of BEAVER CANYON
No. RR SECTION HOUSE JAN 3 - 1938
State of Idaho Registration District No. _____ State File No. 261545

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD JOSEPH CANADA PATTERSON JR.

3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other. <u>—</u> 5. Number, in order of birth <u>—</u>	6. Premature. _____ Full term <u>✓</u>	7. Legiti- mate? <u>YES</u>	8. Date of birth <u>JUNE 17, 1898</u> (Month, Day, Year)
--------------------	--	---	--------------------------------	--

9. Full name <u>FATHER</u> <u>JOSEPH CANADA PATTERSON</u>	18. Full maiden name <u>MOTHER</u> <u>DORA ADA ANN BELL</u>
10. Residence (usual place of abode) (If non-resident, give place and State) <u>SHELLEY IDAHO</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>SHELLEY IDAHO</u>
11. Color or race <u>WHITE</u> 12. Age at last birthday <u>30</u> (years)	20. Color or race <u>WHITE</u> 21. Age at last birthday <u>20</u> (years)
13. Birthplace (city or place) (State or Country) <u>KIRKSVILLE, MO.</u>	22. Birthplace (city or place) (State or Country) <u>KIRKSVILLE MO.</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RAILROAD MAINTENANCE</u> <u>MAN</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>HOUSEKEEPER</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>O.S.L. RAILROAD</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>OWN HOME</u>
16. Date (month and year) last engaged in this work <u>Jan</u> , 18 <u>35</u>	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work <u>42 YEARS</u>	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at A. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Joseph Canada Patterson Jr. M.D.

or Father Midwife

Address Shelley, Idaho.

Filed JAN 3 - 1938, 193____

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO }
County of Bingham } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Joseph Canada Patterson being first duly sworn says that
he is the Father of Joseph Canada Patterson, Jr.,
(Relationship of child)*
born June 17, 1898 at Beaver Canyon, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Joseph Canada Patterson, Jr.,

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. John Harris ~~was~~ was the
Midwife
medical attendant at the birth of said Joseph Canada Patterson, Jr. and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Joseph Canada Patterson sr.

P. O. Address _____

Subscribed and sworn to before me this 23rd day of October, 1937

Shelley

Notary Public.

Residing at Shelley, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

APR 18 11 57

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 391-109.006-666
#262582

1. PLACE OF BIRTH
County of Bingham (non Bonnaville)
City of Grays
No. Charles Crane Ranch JAN 29 1938
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Fred Leslie Irving Crane

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Jan 9th - 1898</u> (Month, Day, Year)
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9. Full name <u>Fred Halling Crane</u>	FATHER	18. Full maiden name <u>Harriet May Ford</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Grays</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Grays -</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>31</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>18</u> (years)
13. Birthplace (city or place) (State or Country) <u>Bristol, England</u>		22. Birthplace (city or place) (State or Country) <u>Utah - U. S. A.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stock</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>School Teacher</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Rancher</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>now - 1928</u>	17. Total time (years) spent in this work <u>one</u>	25. Date (month and year) last engaged in this work <u>1927</u>	26. Total time (years) spent in this work <u>one</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living one (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor. _____ During labor. _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Jan, 1938 Karl Deegunham

State Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Alameda } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Harriet May Crane - Sheardoff being first duly sworn says that
she is the mother of Fred Leslie Irving Crane -
(Relationship of child)*
born Jan. 9th 1898 at Grange, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Fred Leslie Irving Crane
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Harriet Moore ~~M. D. was the~~
medical attendant at the birth of said Fred Leslie Irving Crane Midwife
the said medical attendant is now deceased to the best of her knowledge and that
(Now deceased (or) cannot be located)

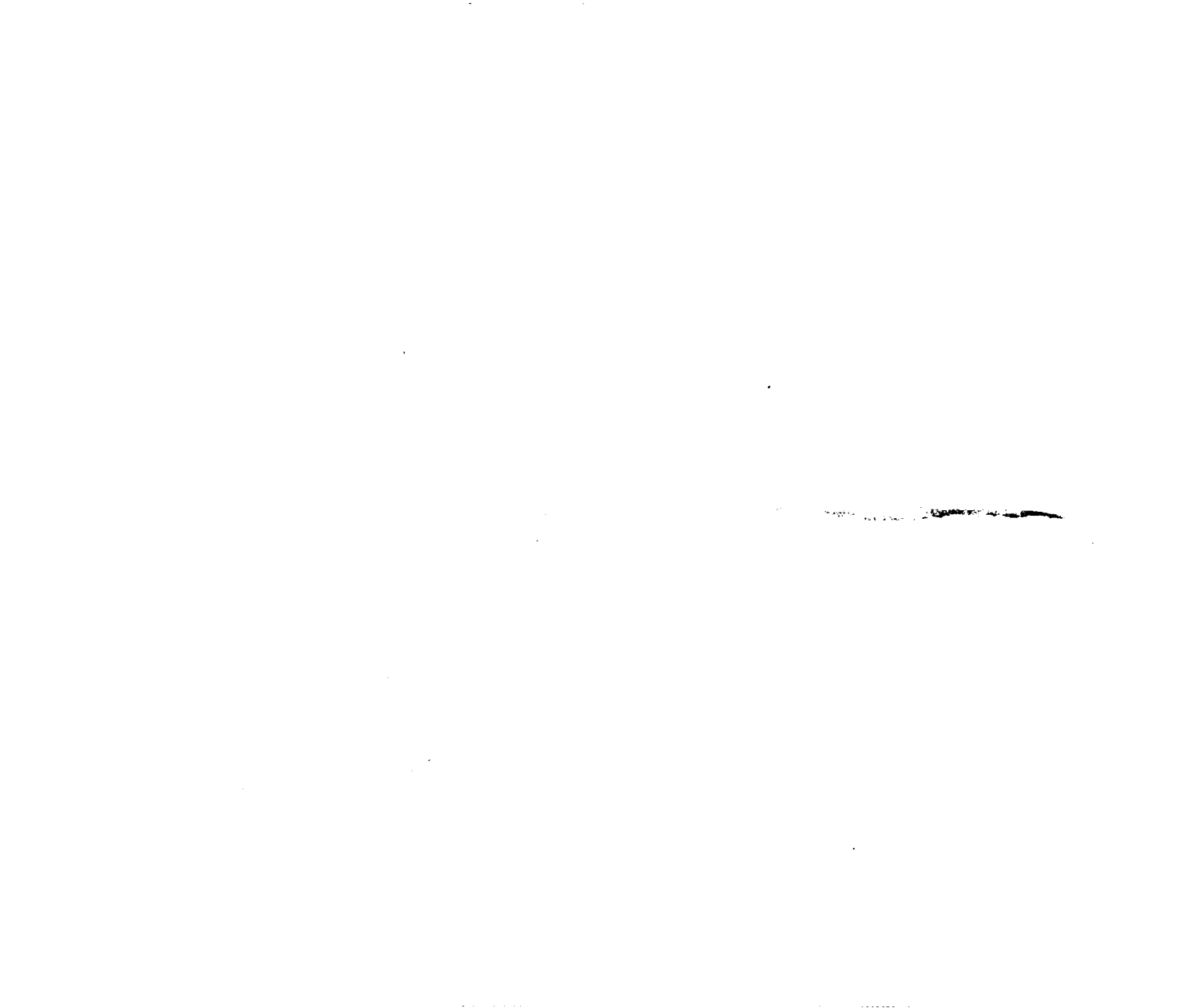
Name of Affiant Harriet May Crane - Sheardoff
P. O. Address 368 Brange St Oakland
Subscribed and sworn to before me this 30th day of February, 1937
Lance R. O'Fallon

My commission expires
June 30 - 1941

Notary Public.
Residing at Oakland, Calif., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

236-202014-319		RECEIVED		STATE OF IDAHO	
PLACE OF BIRTH		MAR 12 1938		DEPARTMENT OF PUBLIC WELFARE	
BUREAU OF VITAL STATISTICS		CERTIFICATE OF BIRTH		263890	
1. County of Canyon		Registration District No.		State File No.	
City of Nampa		Prim. Registration District No.		Local Registrar's No.	
No. D St.					
(If born in hospital or institution give name)					
2. FULL NAME OF CHILD Irma Ellen Bloomfield					
3. Sex female		4. Twin, triplet, or other		5. Number, in order of birth --	
6. Premature		7. Legiti-		8. Date of birth 1898 ✓	
mate? YES		mate? YES		October 2, 1938 (Month, Day, Year)	
9. Full name FATHER John D. Bloomfield			18. Full maiden name MOTHER Alice Mae Carter		
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho.			19. Residence (usual place of abode) (If non-resident, give place and State) Nampa, Idaho.		
11. Color or race White			12. Age at last birthday 28 (years)		
13. Birthplace (city or place) Astoria (State or Country) Illinois.			20. Color or race White		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer			21. Age at last birthday 28 (years)		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Phillis Canal			22. Birthplace (city or place) DeSoto (State or Country) Illinois.		
16. Date (month and year) last engaged in this work Oct. 1, 1898 to			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper		
17. Total time (years) spent in this work 5 years			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home		
25. Date (month and year) last engaged in this work --, 19--			26. Total time (years) spent in this work 2 years.		
27. What prophylactic was used to prevent Ophthalmia Neonatorum?					
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead -- (c) Stillborn --					
29. If stillborn, period of gestation { months or weeks } 30. Cause of Stillbirth { During labor Before labor }					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was alive at 11a m. on the date above stated. (Born Alive or Stillborn)					
(Signed) Alice M. Bloomfield, M.D.					
Mother					
Address 1509 - North 16th. Boise. Idaho.					
Filed MAR 12 1938 193					
Registrar.					



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of.....Idaho..... }
County of.....Ada..... } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Alice M. Bloomfield.....being first duly sworn says that
she..... is the..... Mother..... of..... Irma Ellen Bloomfield.....
(Relationship of child)*

born..... October 2nd, 1898..... at..... Nampa....., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that..... she..... desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said..... Irma Ellen Bloomfield.....

.....hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that..... Koshler..... M. D. was the
Midwife
medical attendant at the birth of said..... Irma Ellen Bloomfield..... and that
the said medical attendant is..... ~~now deceased~~.....

(Now deceased (or) cannot be located)

Name of Affiant..... *Alice M. Bloomfield*.....

P. O. Address..... 1509 - North 16th, Boise, Idaho.....

Subscribed and sworn to before me this..... 10th..... day of..... March....., 19 38.

RW Barlow

Notary Public.

Residing at..... Boise....., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Moscow
No. A255128 029-258 St.

STATE OF IDAHO #V
DEPARTMENT OF PUBLIC WELFARE 264551
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 31 1938

Registration District No. _____ State File No. 264551

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Robert Kennedy

3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Jan 28 - 1918 (Month, Day, Year)

9. Full name FATHER Matthew Kennedy 18. Full maiden name MOTHER Ellen Hayes

10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho

11. Color or race White 12. Age at last birthday 37 (years) 20. Color or race White 21. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Pont Laguez, Canada 22. Birthplace (city or place) (State or Country) Douglas, Ont. Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 2 months 19. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation 7 mo { months or weeks _____ 30. Cause of Stillbirth No { During labor No Before labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) _____, M. D.

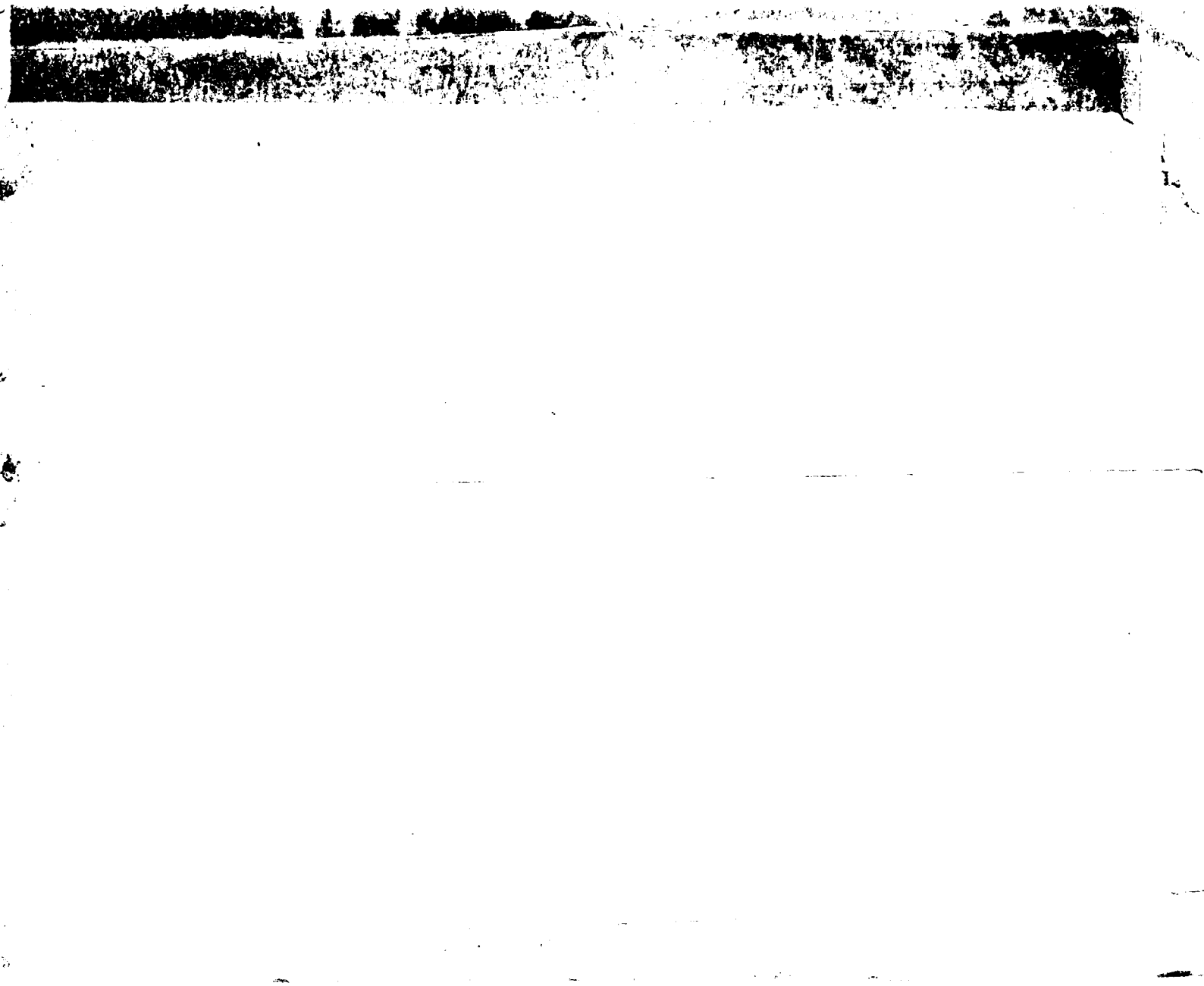
Give name added from a supplemental report _____ or _____, Midwife

(Date of) _____ Address _____

Registrar.

Filed MAR 31 1938 193

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of North Dakota.

County of Walsh.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellen Kennedy being first duly sworn says that

she is the mother of John Robert Kennedy.
(Relationship of child)*

born January 28, 1898, at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Robert Kennedy, Redfield, South Dakota,

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Margaret Keyes ~~was~~ was the medical attendant at the birth of said John Robert Kennedy, and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Ellen Kennedy

P. O. Address Grafton, North Dakota.

Subscribed and sworn to before me this 25th day of February, 1938.

Notary Public.

My commission expires. Feb. 23, 1940.

Residing at Grafton, North Dakota. ~~XXXXXX~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH
County of Carver
City of Challis
No. 469-227-019-469 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264593

APR 18 1938

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Sarah Edna Morrison

3. Sex _____ If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term Yes mate? Yes 8. Date of birth Jan. 27, 1898
(Month, Day, Year)

9. Full name Robert Morrison FATHER
10. Residence (usual place of abode) Challis
(If non-resident, give place and State)
11. Color or race. White 12. Age at last birthday 48 (years)
13. Birthplace (city or place) Montrose 48
(State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grain Elevator
16. Date (month and year) last engaged in this work Jan. 30, 1898
17. Total time (years) spent in this work 4 years

18. Full maiden name Edna Morrison MOTHER
19. Residence (usual place of abode) Challis, Idaho
(If non-resident, give place and State)
20. Color or race. White 21. Age at last birthday 42 (years)
22. Birthplace (city or place) Idaho
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work 58 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ant. Bac.

28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn.

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from Robert Morrison
a supplemental report (Date of)

(Signed) _____, M. D.

or Mary E. Morrison Midwife

Address 1635 S. Canal St. Butte, Mont.

Filed Apr. 18, 1938

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Montana
County of Silver Bow } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary E. Morrison being first duly sworn says that
She is the Mother of Sarah Edna Morrison
(Relationship of child)*
born Jan. 27 1898 at Challis, Custer Co., Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mary E. Morrison desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Sarah Edna Morrison

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. S. H. Hurt M. D. was the medical attendant at the birth of said Sarah Edna Morrison and that the said medical attendant is cannot be located
(Now deceased (or) cannot be located)

Name of Affiant Mary E. Morrison
P. O. Address 1635 Lowell Ave - Butte Mont

Subscribed and sworn to before me this 7 day of April, 1938
[Signature]
Notary Public.

Residing at [Signature], Idaho

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

296-207-037-367

1. PLACE OF BIRTH
County of Owyhee
City of Wilson
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265396

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Florence Eliza Brooks

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature. _____ Full term. _____	7. Legiti- mate? <u>YES</u>	8. Date of birth <u>Feb. 7,</u> 1898 (Month, Day, Year)
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9. Full name FATHER
John Wesley Brooks

18. Full maiden name MOTHER
Cora Lucretia Cox

10. Residence (usual place of abode)
(If non-resident, give place and State) Wilson, Ida.

19. Residence (usual place of abode)
(If non-resident, give place and State) Wilson, Ida.

11. Color or race W | 12. Age at last birthday 44 (years)

20. Color or race W | 21. Age at last birthday 25 (years)

13. Birthplace (city or place)
(State or Country) Seymour, Ind.

22. Birthplace (city or place)
(State or Country) Near Coon Rapids, Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

25. Date (month and year) last engaged in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor. _____ During labor. _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Cora E. Brooks Hall (Mother), M. D.

or Box 105, Boise, Idaho Midwife

Address _____ this 25 day March 1938

Filed Mar. 25-38, 1938 Paul Seelingham

State Registrar

DEC 8 1965

85A7 443

1. PLACE OF BIRTH
County of Custer
City of Custer, Idaho
No. 266-11999-243 St. JUN 1 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 128 State File No. 266599

(If born in hospital or institution give name.) Prim. Registration District No. 2186 Local Registrar's No. 282

2. FULL NAME OF CHILD William James Bowen Jr.

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legitimate? X 8. Date of birth Oct. 19 1898 (Month, Day, Year)

9. Full name FATHER William James Bowen Sr.

10. Residence (usual place of abode) (If non-resident, give place and State) Custer

11. Color or race white 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Waukegan, Wis. Waukegan

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

16. Date (month and year) last engaged in this work Oct 1898 17. Total time (years) spent in this work 2 yrs.

18. Full maiden name MOTHER Margaret Ellen Sullivan

19. Residence (usual place of abode) (If non-resident, give place and State) Custer

20. Color or race white 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Hell Town, Mich.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. residence

25. Date (month and year) last engaged in this work life time 26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none used

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7 a m. on the date above stated. (Born Alive or Stillborn)

(Signed) Margaret Ellen Bowen Mother

or _____, Midwife

Address _____

Filed May 26 1938 Edna M. Kenney

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana }
County of Beaverhead } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Margaret Eleanor Bowen being first duly sworn says that
she is the mother of William James Bowen, Jr.
(Relationship of child)*
born October 19, 1898 at Custer, Custer County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Margaret Eleanor Bowen desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said William James Bowen, Jr.

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Lewis M. D. was the
medical attendant at the birth of said William James Bowen, Jr. ~~XXXX~~
and that
the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this 10th day of June, 1938

Notary Public.

Residing at Armstead, Montana, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

DEC 02 2004

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1365 PLACE OF BIRTH 299

County of Bannock
City of Grace
No. Star Route St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

267733

CERTIFICATE OF BIRTH

267733

JUN 24 1938

(If born in hospital or institution give name.) Prim. Registration District No. None State File No. _____
Local Registrar's No. _____

2. FULL NAME OF CHILD LeRoy, Anton Longenbohn,

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other <u>one</u> 5. Number, in order of birth <u>3D</u>	6. Premature <u>0</u> Full term <u>4</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec 20</u> (Month, Day, Year)
-----------------------	---	---	---------------------------	--

9. Full name FATHER
Anton Longenbohn
10. Residence (usual place of abode)
(If non-resident, give place and State) Granite, Mont-
White
11. Color or race White 12. Age at last birthday 38 3/4 (years)
13. Birthplace (city or place) I believe Storm Lake
(State or Country) Wisconsin
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grani Butte Montana
16. Date (month and year) last engaged in this work About 1905
17. Total time (years) spent in this work Dont know

18. Full maiden name MOTHER
Eliza, Ann, Kirkham
19. Residence (usual place of abode)
(If non-resident, give place and State) Grace
20. Color or race White 21. Age at last birthday 30 2/3 (years)
22. Birthplace (city or place)
(State or Country) Franklin, Idaho, 1868
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Farm Manager
25. Date (month and year) last engaged in this work Still MGR. 1938
26. Total time (years) spent in this work 0

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child)
Four (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0
29. If stillborn, period of gestation none { months or weeks
30. Cause of Stillbirth 0 { During labor 0
Before labor 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Midwife Deceased at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Father Died Nov 1932
(Date of)

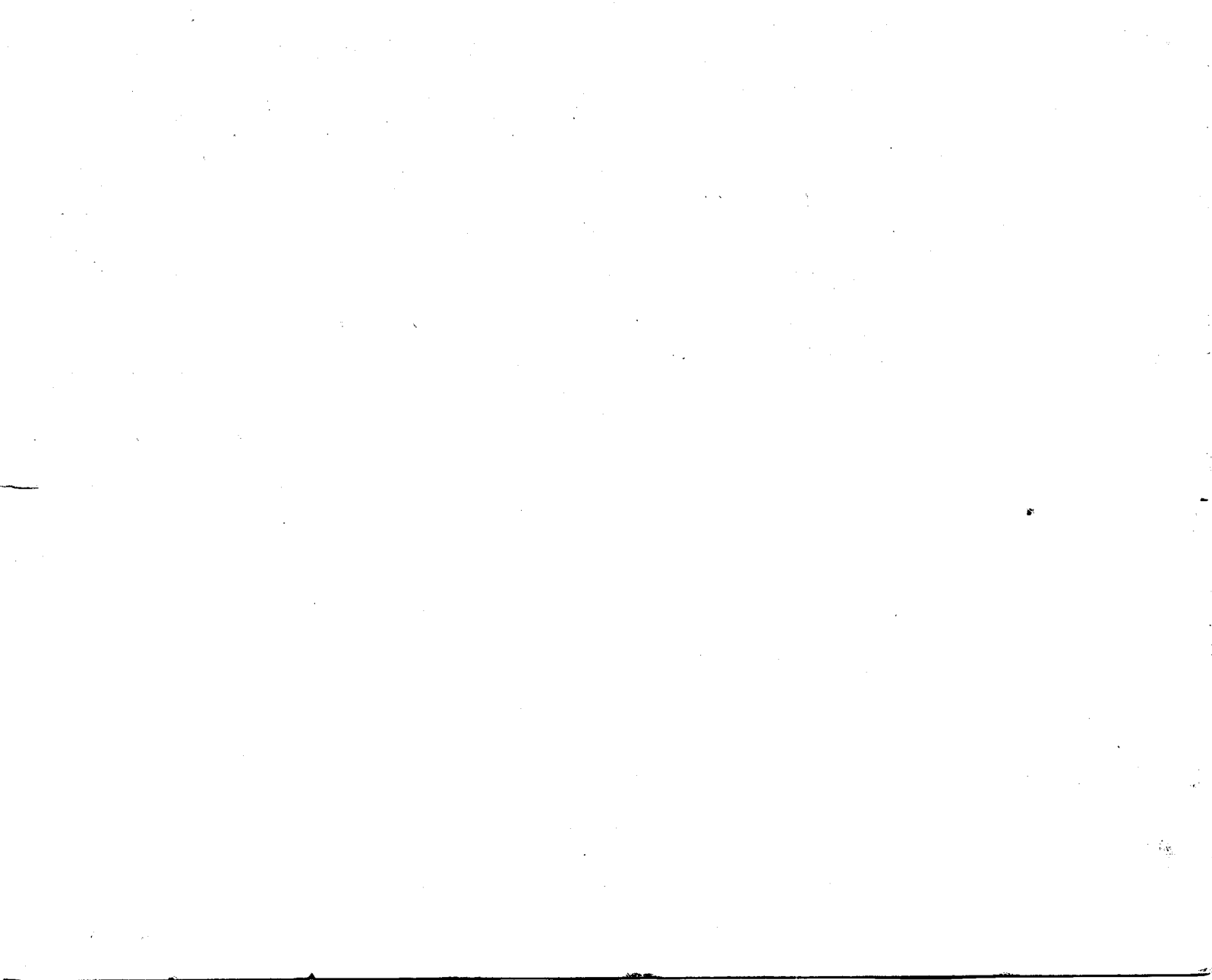
(Signed) Mrs Stoddard Was the Midwife, M. D.
or But She Is Deceased, Midwife

Address _____
Filed _____, 193__

Registrar.

Registrar.

JUN 23 1938



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Bannock } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Eliza Ann Longenbohn being first duly sworn says that
is the Mother of LeRoy, Anton, Longenbohn
(Relationship of child)*
born December 20, 1898 at Mound, Valley, Or. Perry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that..... desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said LeRoy, Anton, Longenbohn, His Father Both
Witnesses Are Deceased..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Midwife & Sister, Both Deceased..... M. D. was the
Midwife
medical attendant at the birth of said Dr 30 Miles Away and snowed In..... and that
the said medical attendant is Had No Way of Knowing I needed Help.....

(Now deceased (or) cannot be located)
Name of Affiant Mrs Eliza Ann Longenbohn

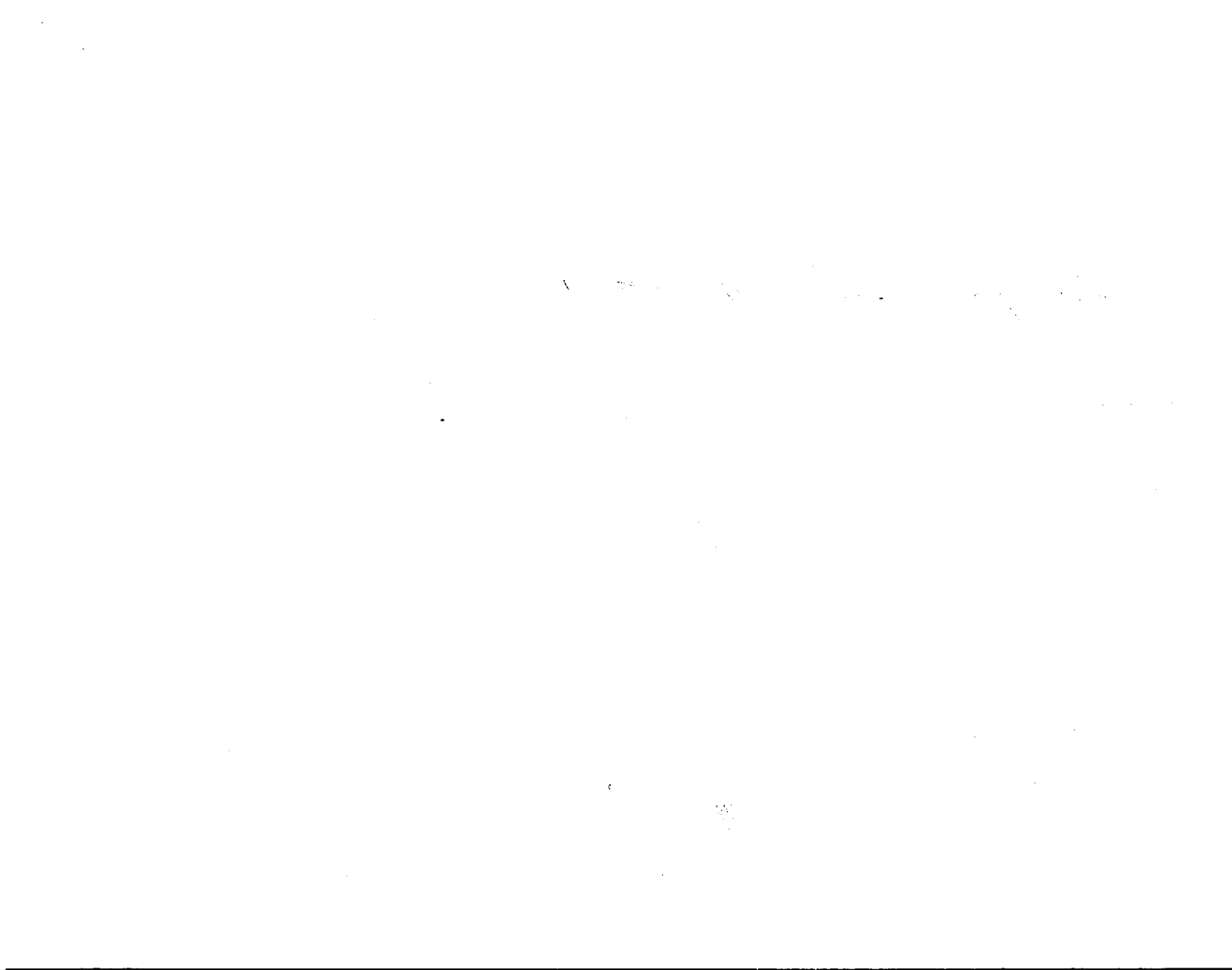
P. O. Address Grace, Idaho.

Subscribed and sworn to before me this 23, day of June, 19 38

Mosam J. Law
Notary Public.

Residing at Grace, Idaho., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

437-123-84-362
PLACE OF BIRTH
County of Ada
City of near Eagle Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 15 1938

Registration District No. _____ State File No. 267785

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Charles Earl Mc Grath

3. Sex Male If plural { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
births { 5. Number, in order of birth. _____ Full term yes mate? yes 8. Date of
birth April 23 1898
(Month, Day, Year)

9. Full name FATHER
Charles Benton Mc Grath

10. Residence (usual place of abode) near Eagle Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 24 (years)

13. Birthplace (city or place)
(State or Country) Ohio

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____

16. Date (month and year)
last engaged in this work _____ 17. Total time (years) spent
in this work _____

18. Full maiden name MOTHER
Ella Ann Cobb

19. Residence (usual place of abode) near Eagle Idaho
(If non-resident, give place and State)

20. Color or race White 21. Age at last birthday 23 (years)

22. Birthplace (city or place)
(State or Country) Kansas

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____

25. Date (month and year)
last engaged in this work _____ 26. Total time (years) spent
in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living Two (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, { months
period of gestation _____ or weeks
30. Cause of Stillbirth { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193...

JUL 15 1938

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Clara E. Halley being first duly sworn says that
she is the sister of Charles Earl M^s Grath
(Relationship of child)*
born April 23, 1898 at near Eagle, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Charles Earl M^s Grath

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the
Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Clara E. Halley

P. O. Address P.O. Box 563 - Boise Idaho

Subscribed and sworn to before me this 15th day of July, 1938

[Signature]
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

268885

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

County of WashCity of Weiser

AUG 10 1938

CERTIFICATE OF BIRTH

268885

No. 867712 044-439 St.

Registration District No. State File No.

Hospital Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Lloyd Erwin Hopper

(Certificate of no value without full name of child)

Sex of Child <u>Male</u>	Twin Triplet or other? <u> </u>	and { Number in order of birth <u> </u>	Legitimate? <u> </u>	Date of birth <u>Dec 12 1896</u>
				(Month) (Day) (Year)

What bactericidal solution was used in eyes? Argent Nit. 1%Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME <u>Ira Hopper</u>	FULL MAIDEN NAME <u>Malinda M Roberts</u>
RESIDENCE <u>Weiser Idaho</u>	RESIDENCE <u>Weiser Idaho</u>
COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>33</u> (Years)	COLOR <u>White</u> AGE AT LAST BIRTHDAY <u>32</u> (Years)
BIRTHPLACE <u>Missouri</u>	BIRTHPLACE <u>Missouri</u>
OCCUPATION <u>Farmer</u>	OCCUPATION <u>House wife</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was { Born alive } { Stillborn } at 6 PM M.
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) Joseph R. Numbers

{ Physician or midwife }

Address Weiser IdahoFiled AUG 10 1938

Registrar.

Registrar.

NOV 23 1954

DEC 14 1965

113128044-685

AUG 17 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269982

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. _____ St. _____

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD John Little Jackson

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Jan. 28</u> 1898 (Month, Day, Year)
-----------------------	--	--	--------------------------------	---

9. Full name
Alexus Jackson
FATHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Weiser, Idaho

11. Color or race White | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Davis County, Missouri
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work
Now engaged, 1938
17. Total time (years) spent in this work 10

18. Full maiden name
Rebecca May Owen
MOTHER

19. Residence (usual place of abode)
(If non-resident, give place and State) Weiser, Idaho

20. Color or race White | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) Blue Springs, Nebraska
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work
Now engaged, 1938
26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) 4th child
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn 1

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of stillbirth _____ { Before labor. During labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed)

or

Address

Filed

AUG 27 1938, 193

Alexus Jackson Father
Rebecca May Jackson Mother
Carl Gillingham Registrar

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho }
County of Washington } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Rebecca May Jackson being first duly sworn says that
she is the mother of John Little Jackson
(Relationship of child)*
born January 28, 1898 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that John Little Jackson desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said John Little Jackson

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Susanna M. Dawson ~~was~~ was the
Midwife
medical attendant at the birth of said John Little Jackson and that
the said ~~medical attendant~~ midwife is now deceased.

(Now deceased (or) cannot be located)

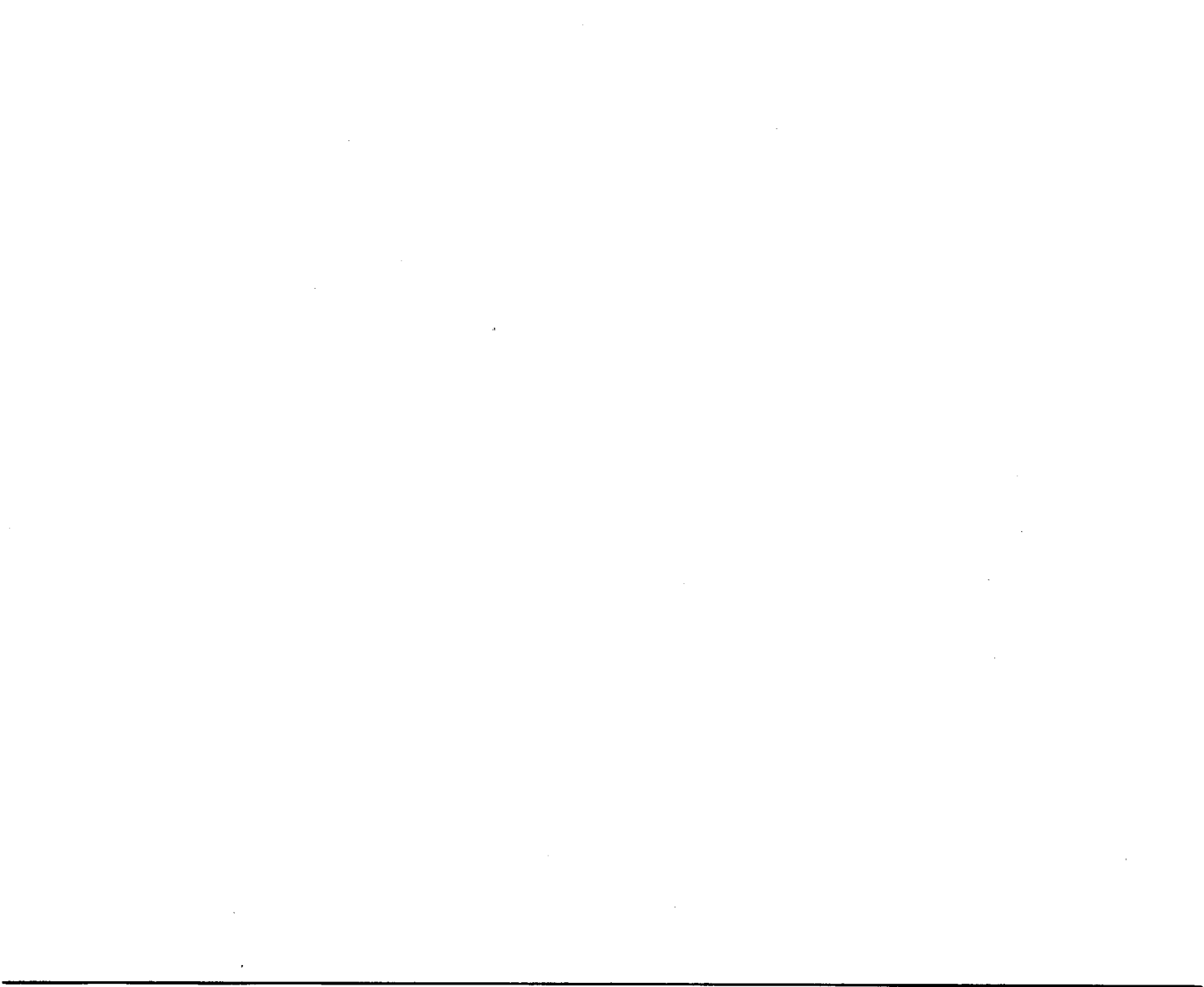
Name of Affiant *Rebecca May Jackson*
P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 26th day of August, 1938

John J. Clark
Residing at Weiser, Idaho.

Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
State of Idaho, County of Washington } ss.
Alexus Jackson
he is the Father of John Little Jackson
born January 28, 1898 at Weiser Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that John Little Jackson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Little Jackson
as stated therein, and that this birth has not been previously recorded.
Affiant further states that Sussanna M. Dawson, was the ~~midwife~~ Midwife and that the said ~~midwife~~ is now deceased.
(Now deceased (or) cannot be located)
Name of Affiant Alexus Jackson
P. O. Address Weiser, Idaho
Subscribed and sworn to before me this 26th day of August, 1938
Residing at Weiser Idaho.
Notary Public.
If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100

100

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

270017
2700171. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. 251-119-035-299 St. Idaho

SEP 8 1938

Registration District No. 1009 State File No. 270017

(If born in hospital or institution give name.)

Prim. Registration District No. 96 Local Registrar's No. 2. FULL NAME OF CHILD KENNETH CLYDE BEACH3. Sex Male If plural births { 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate? Yes 8. Date of birth December 19, 1898 (Month, Day, Year)9. Full name FATHER R. Clyde Beach18. Full maiden name MOTHER Eva E. Bringham10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston11. Color or race W 12. Age at last birthday 31 (years)20. Color or race W 21. Age at last birthday 31 (years)13. Birthplace (city or place) (State or Country) Ackley Iowa22. Birthplace (city or place) (State or Country) Albany Oregon14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 16. Date (month and year) last engaged in this work , 19 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work , 19 26. Total time (years) spent in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn 29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at m. on the date above stated. (Born Alive or Stillborn)(Signed) G. W. Shaff M. D.or MidwifeAddress Lewiston, IdahoFiled Sept. 6, 1938 M. H. Custer Registrar.When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report

(Date of)

Registrar.

据

.Zarv

A F F I D A V I T

STATE OF IDAHO)
County of Nez Perce) ss

Eve E. Beach, being first duly sworn upon oath
deposes and says; that she is the mother of Kenneth Clyde Beach;
that he was born at Lewiston, Idaho on December 19, 1898.

Eve E. Beach

Subscribed and sworn to before me this 6 day of September, 1938.

Philip Heisgerber.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

.

E. Augusta H. Boston, being first duly sworn upon oath
deposes and says; that she is the godmother of Kenneth Clyde Beach;
that she had knowledge of the birth of the above mentioned person at
the above mentioned time and place.

E. Augusta H. Boston

Subscribed and sworn to before me this 6 day of September, 1938.

Philip Heisgerber.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER

MAR 13 1939

OCT 30 1937

MAR 3 1939

1. 719 PLACE OF BIRTH 151001-459
County of Ada
City of Boise
No. 320 Railroad Street St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271110

OCT 2 1930
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ROSELL IVAN GARDNER

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature. <u>No</u> Full term <u>YES</u>	7. Legiti- mate? <u>YES</u>	8. Date of birth <u>Dec. 15</u> 1898 (Month, Day, Year)
9. Full name <u>Rubin Gardner</u> FATHER		18. Full maiden name <u>Christina Caroline Deiter</u> MOTHER		
10. Residence (usual place of abode) <u>320 Railroad St.</u> (If non-resident, give place and State) <u>Boise, Idaho</u>		19. Residence (usual place of abode) <u>320 Railroad St.</u> (If non-resident, give place and State) <u>Boise, Idaho</u>		
11. Color or race <u>white</u> 12. Age at last birthday <u>39</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>39</u> (years)		
13. Birthplace (city or place) <u>Sandusky</u> (State or Country) <u>Ohio</u>		22. Birthplace (city or place) <u>Wood County</u> (State or Country) <u>Ohio</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth _____ { During labor. Before labor. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that ~~Extended the birth of~~ this child, who was born alive at 3 P.m. on the date above stated.
(Born Alive or Stillborn)

(Signed) Mrs. C.C. Gardner M.D.

or _____ M.D.

Address 378 South Elliott St. Coquille, Ore.

Filed _____, 193 3 _____ Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

OCT 3 1930



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon

County of COOS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. C. C. Gardner

being first duly sworn says that

she

is the mother

of ROSELL IVAN GARDNER

(Relationship of child)*

born Dec. 15, 1898

(Date of birth)

at Boise, Idaho

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Rosell Ivan Gardner

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Doctor Haily

M. D. was the Midwife

medical attendant at the birth of said Rosell Ivan Gardner

and that

the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Mrs. C. C. Gardner

P. O. Address 378 South Elliott St., Coquille, Oregon.

Subscribed and sworn to before me this 24th

day of September

1938

J. E. M. Cracker

NOTARY PUBLIC FOR OREGON

Notary Public.

MY COMMISSION EXPIRES OCT. 1, 1941

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

755-214 040-415

2773281

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273281

NOV 30 1938

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. Ida St.

(If born in hospital or institution give name.)

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Edna Golda Peoples

3. Sex <u>Female</u>	{ If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>17 Nov 1898</u> (Month, Day, Year)
		5. Number, in order of birth	Full term <u>X</u>		

9. Full name FATHER
Drewry Winn Peoples
10. Residence (usual place of abode)
(If non-resident, give place and State) Ida
11. Color or race White 12. Age at last birthday 40 (years)
13. Birthplace (city or place) Spring place
(State or country) Georgia

18. Full maiden name MOTHER
Golda May Davenport
19. Residence (usual place of abode)
(If non-resident, give place and State) Ida
20. Color or race White 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Platha
(State or country) Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Federal Bank
16. Date (month and year) last engaged in this work

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Dress maker
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. shop
25. Date (month and year) last engaged in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead (c) Stillborn
29. If stillborn, None months or weeks 30. Cause of stillbirth
Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 A m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. D. Henson, M. D.

or Midwife

Address Ida

Filed NOV 30 1938, 1938

Registrar.

Registrar.

Give name added from a supplemental report.....
(Date of)



1. PLACE OF BIRTH
 County of Fremont,
 City of Lake,
 No. 719 220 022 413 St. Idaho.

(If born in hospital or institution give name.)

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 23 1938

Registration District No. _____ State File No. 274334

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD ETHEL HATTIE GARNER

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>June 20,</u> <u>1898.</u> (Month, Day, Year)
-------------------------	--	---------------------------------------	---------------------------	---

9. Full name
George Garner
 10. Residence (usual place of abode)
 (If non-resident, give place and State) Lake, Idaho,

11. Color or race White 12. Age at last birthday 30 (years)

13. Birthplace (city or place) State of Michigan
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Resort Keeper.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Resort.

16. Date (month and year) last engaged in this work
at time of birth. 17. Total time (years) spent in this work 2 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown.

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living. Yes (b) Born alive but now dead. _____ (c) Stillborn. _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Mary P. Garner. ~~XXXX~~

~~XX~~ Mother. _____, ~~XXXX~~

Address Lake, Idaho.

Filed DEC 23 1938, 193_____

Registrar.

Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Fremont } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mary P. Garner being first duly sworn says that
she is the mother of Ethel Hattie Garner
(Relationship of child)*
born June 20th, 1898 at Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Ethel Hattie Garner

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

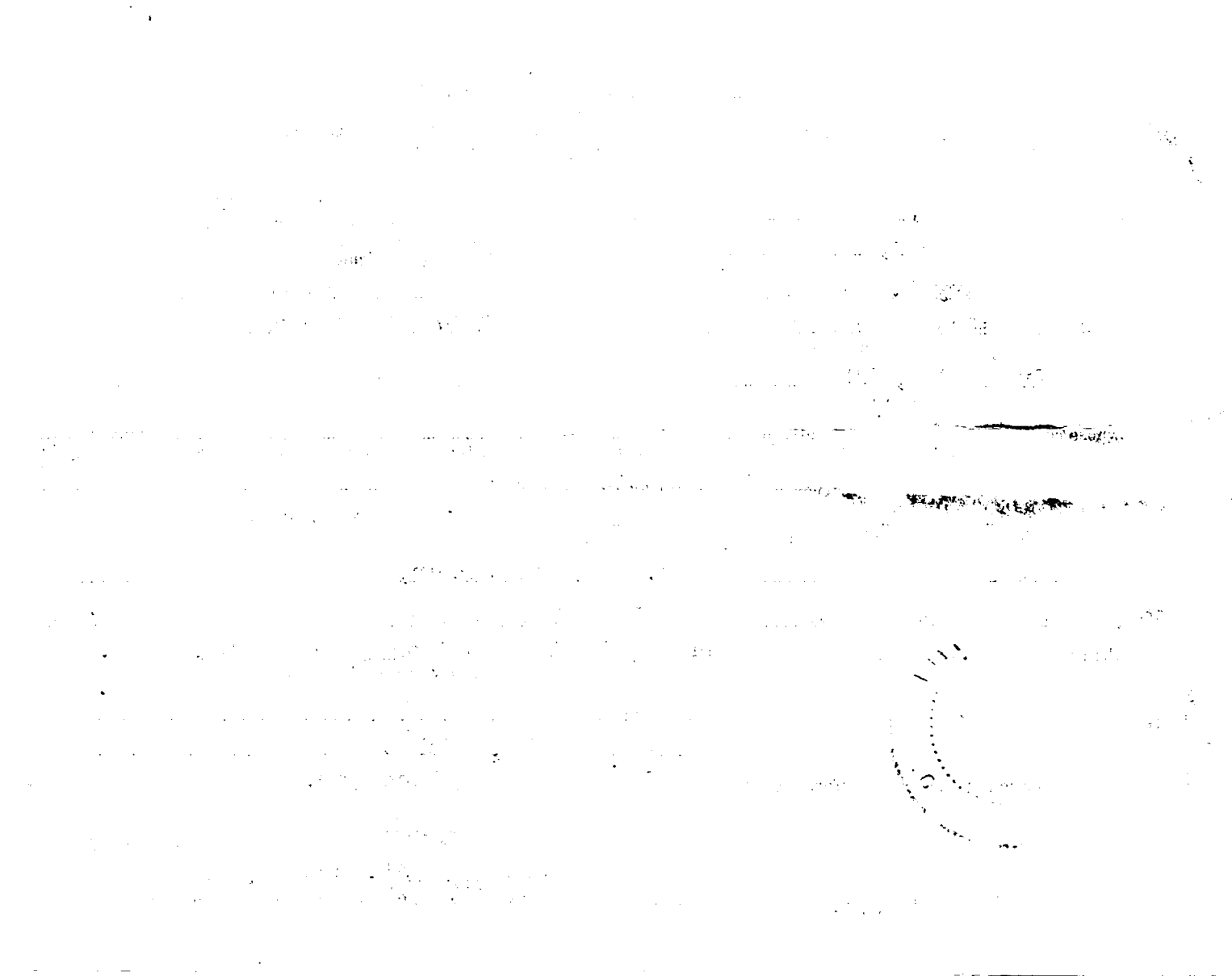
Affiant further states that Mrs. Rosetta Garner, ~~MD~~ was the
Midwife
medical attendant at the birth of said Ethel Hattie Garner and that
the said medical attendant is now deceased, having died on February 27, 1907.
(Now deceased (or) cannot be located)

Name of Affiant Mary P. Garner
P. O. Address Lake, Idaho.

Subscribed and sworn to before me this 22nd day of December, 1938.

Ralph L. Little
Notary Public.
Residing at St. Anthony, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK. -THIS IS A PERMANENT RECORD. N. B.-In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A649/110 007 115
1. PLACE OF BIRTH
County of Blaine
City of Yanett
No. P. # 1 St.

JAN 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

275-375
275375

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Albert Edward Wurst

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Nov. 10th 1898</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

9. Full name of FATHER John Wurst
10. Residence (usual place of abode)
(If non-resident, give place and State) Stanton Ida.
11. Color or race White | 12. Age at last birthday 33 (years)
13. Birthplace (city or place)
(State or Country) Czechoslovakia
at. Lark

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work October 1, 1927
17. Total time (years) spent in this work 61

18. Full maiden name of MOTHER Kheresa Janda
19. Residence (usual place of abode)
(If non-resident, give place and State) Stanton Ida.
20. Color or race White | 21. Age at last birthday 27 (years)
22. Birthplace (city or place)
(State or Country) Czechoslovakia
at. Bukova

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. waitress
25. Date (month and year) last engaged in this work Sept. 1, 1899
26. Total time (years) spent in this work still 9
housekeeper

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Albert E. Wurst at 12 mid. nite. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193____

Registrar.

Registrar.

JAN 20 1939

STATE OF IDAHO
C.A. Bottolfson [REDACTED], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Blaine } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

John Wurst being first duly sworn says that
.....
..... he is the father of Albert Edward Wurst
(Relationship of child)*
born November 10th 1898 at Stanton, Blaine County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Albert Edward Wurst

..... hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Michael Brown ~~was~~ was the
Midwife
medical attendant at the birth of said Albert Edward Wurst and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant John Wurst
P. O. Address Bellevue, Idaho

Subscribed and sworn to before me this 16th day of January, 1939.

Joseph W. Gull
Notary Public.

My Commission expires Feb. 24, 1940. Residing at Hailey, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.

1. PLACE OF BIRTH
County of Idaho
City of Emmett
No. 213 214 014 485 JAN 23 1939
Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275384

2. FULL NAME OF CHILD

Eva Pearl Bates

3. Sex Female If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? Yes
8. Date of birth Jan 4, 193
(Month, Day, Year)

FATHER		MOTHER	
9. Full name <u>William M. Bates</u>	18. Full maiden name <u>May Ella May</u>	10. Residence (usual place of abode) <u>Emmett</u>	19. Residence (usual place of abode) <u>Emmett</u>
(If non-resident, give place and State)		(If non-resident, give place and State)	
11. Color or race <u>White</u>	12. Age at last birthday <u>43</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>29</u> (years)
13. Birthplace (city or place) <u>Donora, Howard County, Missouri</u>	22. Birthplace (city or place) <u>Hamilton, Iowa</u>	(State or Country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) May E Bates, M. D.

or _____, Midwife

Address _____

Filed 1-23, 1939

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Coos } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

May E. Bates being first duly sworn says that
she is the mother of Iva Pearl Bates
(Relationship of child)*
born Jan. 14, 1898 at Emmett, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said Iva Pearl Bates

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Eugene Clymer M. D. was the
medical attendant at the birth of said Iva Pearl Bates Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant May E Bates
P. O. Address Bandon, Oregon

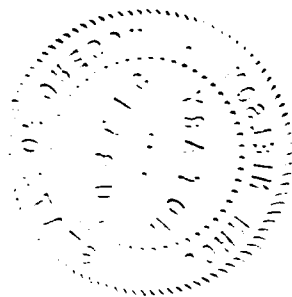
Subscribed and sworn to before me this 19th day of January, 1939

MY NOTARIAL COMMISSION EXPIRES

March 7, 1939

John Nelson
Notary Public.
Residing at Bandon, Oregon ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



489-219 0244-433

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

276447

MAR 1 1939

1. County of Washington
City of Valley of Meadows
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ida Maud Myers3. Sex female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti-
mate? yes 8. Date of birth May 19, 1898
(Month, Day, Year)9. Full name FATHER Charles Richard Myers 18. Full maiden name MOTHER McCumsey
Margaret Frances10. Residence (usual place of abode) Meadows Valley Idaho 19. Residence (usual place of abode) Meadows Valley Idaho
(If non-resident, give place and State)11. Color or race white 12. Age at last birthday 30 (years) 20. Color or race white 21. Age at last birthday 27 (years)13. Birthplace (city or place) Bourbon County Kansas 22. Birthplace (city or place) Nebraska
(State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

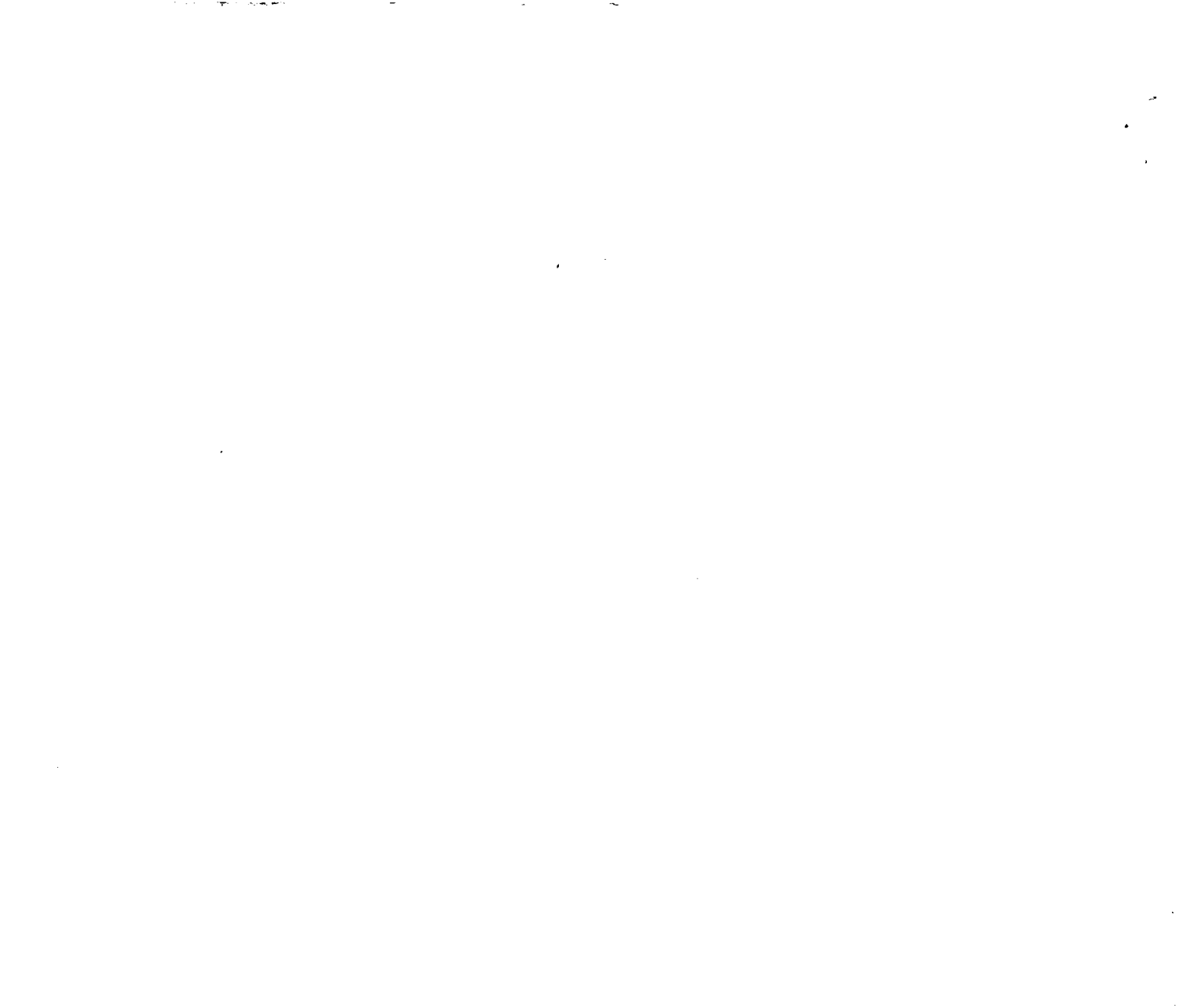
Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) E. R. Myers Father, M. D.or Blair MidwifeAddress Blair WashingtonFiled Mar 1, 1939

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Whatcom } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charles Richard Myers being first duly sworn says that
he is the father of Ida Maud Myers
(Relationship of child)*
born May 19, 1898 at Meadows Valley, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Charles Richard Myers desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ida Maud Myers

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Mrs. Thomas Chay M. D. was the
medical attendant at the birth of said Ida Maud Myers Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant C. R. Myers
P. O. Address Blaine, Wash.

Subscribed and sworn to before me this 27th day of February, 19 39

Notary Public.
Residing at Blaine, Wash.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

276470

855-115040855

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAR 8 1939

CERTIFICATE OF BIRTH

276470

1. PLACE OF BIRTH
County of Shoshone
City of Germ
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Loca' Registrar's No. _____

2. FULL NAME OF CHILD Norman Leornz Henderson

3. Sex Boy If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of Jan 15 1898 birth _____ 193 (Month, Day, Year)

9. Full name Robert Mitchell Henderson FATHER
10. Residence (usual place of abode) Seattle (If non-resident, give place and State) Washington
11. Color or race white 12. Age at last birthday 62 (years)
13. Birthplace (city or place) Springhill (State or Country) Alabama

18. Full maiden name Catherine Rudy Henderson MOTHER
19. Residence (usual place of abode) Seattle (If non-resident, give place and State) Washington
20. Color or race white 21. Age at last birthday _____ (years)
22. Birthplace (city or place) Westchester (State or Country) Conn

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. achivist
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U.S. Navy
16. Date (month and year) last engaged in this work about summer 1925 17. Total time (years) spent in this work _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. housewife
25. Date (month and year) last engaged in this work to date 3/6 1934 26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) one
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Born Alive or Stillborn)
(Signed) Catherine Rudy Henderson
or Mother
Address 5718 Broadway Seattle, Wash.

Filed MAR 8 1939, 193 Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Catherine Pandy Henderson being first duly sworn says that
she is the mother of Norman Lorenzo Henderson
(Relationship of child)*
born 15 January 1898 at Bem, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Norman Lorenzo Henderson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded. to affiant's knowledge.

Affiant further states that Doctor is supposed dead M. D. was the
medical attendant at the birth of said Norman Lorenzo Henderson Midwife
and that the said medical attendant is dead

(Now deceased (or) cannot be located)

Name of Affiant Catherine Pandy Henderson
P. O. Address 118 Broadway Ave Seattle Wash

Subscribed and sworn to before me this 6 day of March, 1939.

L. L. Newman
Notary Public.
in and for the State of Washington
Residing at Seattle, Washington, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. ASIS-1717-249
PLACE OF BIRTH
County of Canyon
City of Nampa
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
277487
277487

(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Joe Sore Van Houten

3. Sex Female
If plural births { 4. Twin, triplet, or other none
5. Number, in order of birth none
6. Premature none Full term yes
7. Legiti- mate? yes
8. Date of birth April 17, 1898
(Month, Day, Year)

9. Full name Joe S. Van Houten
FATHER
10. Residence (usual place of abode)
(If non-resident, give place and State) Nampa
11. Color or race White 12. Age at last birthday 29 (years)
13. Birthplace (city or place)
(State or Country) Taylor Co. Iowa

18. Full maiden name Jennie Margaret Burt
MOTHER
19. Residence (usual place of abode)
(If non-resident, give place and State) Nampa
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place)
(State or Country) Dona Co. Ill.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Master
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Post Office, U.S.A
16. Date (month and year) last engaged in this work About 1890
17. Total time (years) spent in this work I have no record

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work About 1903
26. Total time (years) spent in this work five

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 2
Two (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation ✓ { months or weeks ✓
30. Cause of Stillbirth ✓ { During labor ✓
Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registered. _____
(Signed) _____, M. D.
or _____, Midwife
Address APR 14 1939
Filed _____, 1939
Registrar. _____

JUN 8 1953

dup of 1898-276397

BOTH
DELAYED

— STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Iowa }
County of Taylor } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn, says that
she is the Aunt of Gae Lone Van Houten
(Relationship of child)*
born April-17-1898 at Nampa, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said Gae Lone Van Houten

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that do not know M. D. was the
medical attendant at the birth of said Gae Lone Van Houten Midwife
the said medical attendant is now deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Marge A. Barrang
P. O. Address Lenox, Iowa

Subscribed and sworn to before me this 12 day of April, 1939

Residing at Lenox, Iowa, Iowa
Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 6 1953

A689 111 014 859
 1. PLACE OF BIRTH
 County of Banyon
 City of Jayette
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

APR 22 1939

278

Registration District No. _____ State File No. 278085

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Charles Raymond Whipple

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>3-11-1898</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term _____		

9. Full name FATHER
Willis Raymond Whipple

18. Full maiden name MOTHER
Laura Bell Hertelme

10. Residence (usual place of abode)
 (If non-resident, give place and State) Jayette

19. Residence (usual place of abode)
 (If non-resident, give place and State) Jayette

11. Color or race W | 12. Age at last birthday 39 (years)

20. Color or race W | 21. Age at last birthday 36 (years)

13. Birthplace (city or place)
 (State or Country) Albin
Essex Co - Pa

22. Birthplace (city or place)
 (State or Country) Wetmore
Kansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____
 19____ in this work over 20 yrs

25. Date (month and year) last engaged in this work _____
 195/31 in this work 1897

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother / (At time of this birth and including this child)
 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4 a.m. on the date above stated.
 (Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____
 or _____
 Address 816 N. 19th St. Boise City, Ida.

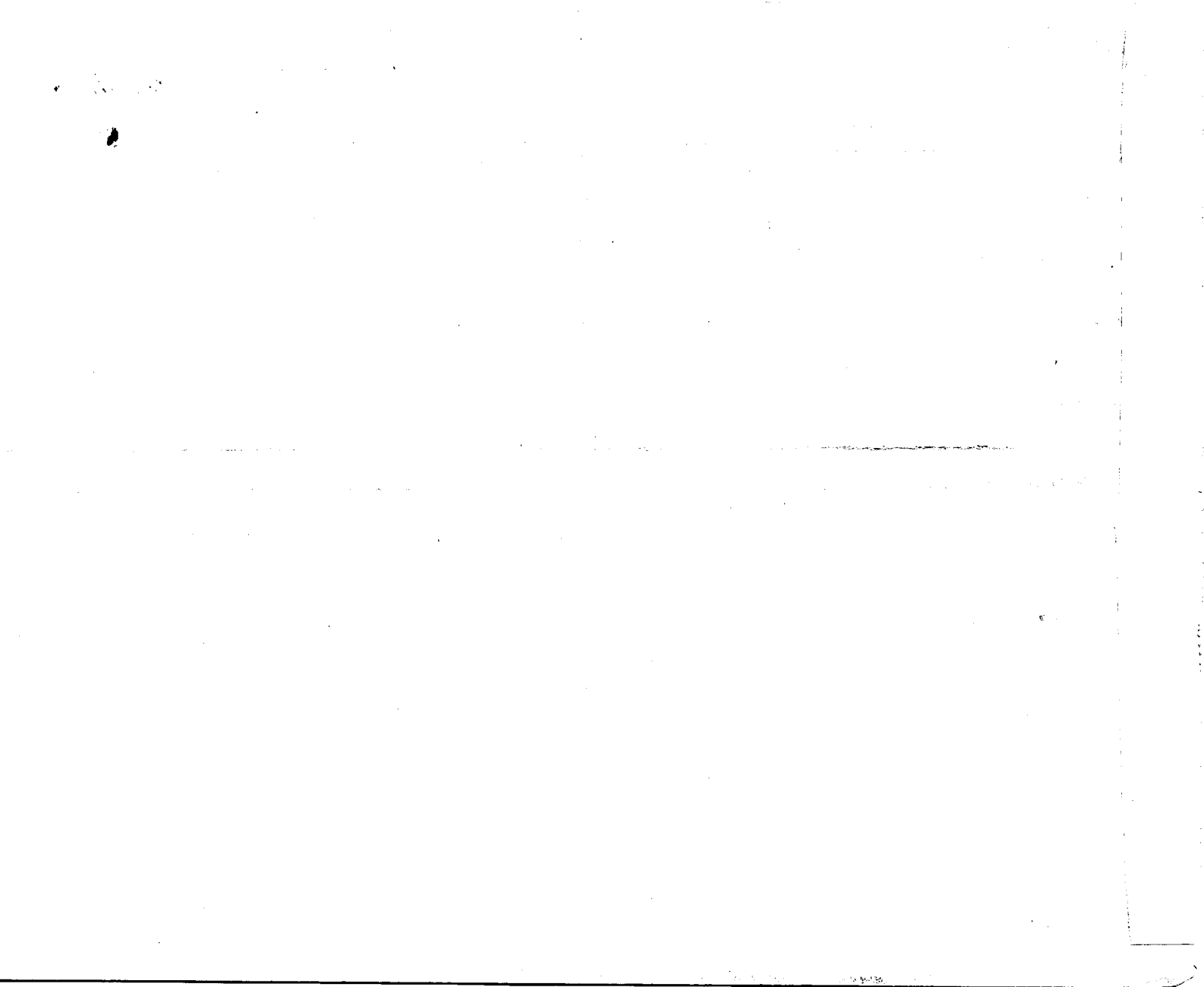
Give name added from a supplemental report _____
 (Date of) _____

Filed _____, 193____

Registrar.

Registrar.

APR 22 1939



STATE OF IDAHO

278585

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Willis Raymond Whipple being first duly sworn says that
he is the Father of Charles Raymond Whipple
(Relationship of child)*
born March eleventh 1898 on a farm near Payette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Charles Raymond Whipple
as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

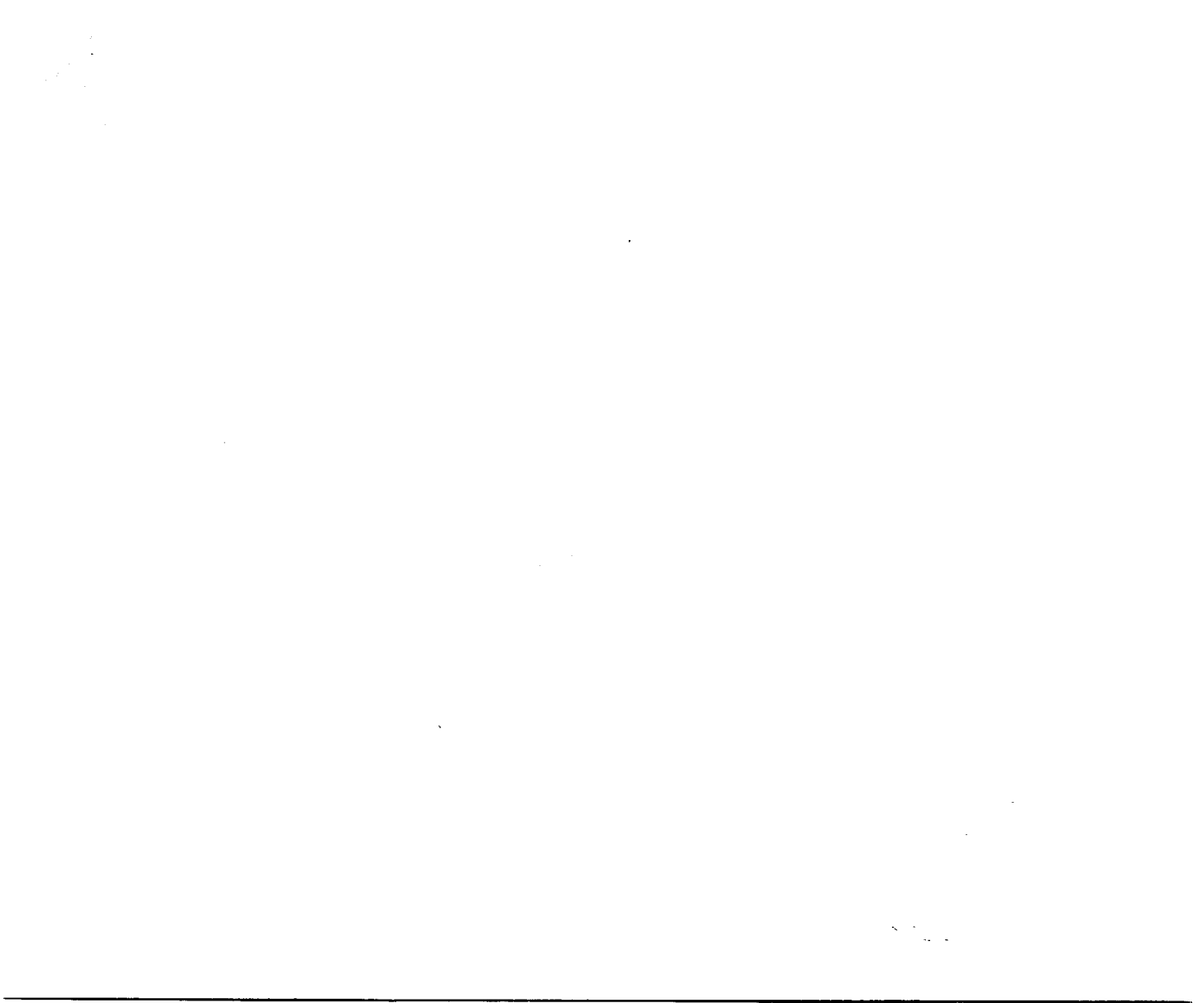
Affiant further states that Mrs. Mary Peirce, now deceased, was present M. D. was the
medical attendant at the birth of said Charles Raymond Whipple Midwife
the said medical attendant is: and that

(Now deceased (or) cannot be located)
Name of Affiant Willis Raymond Whipple
P. O. Address 816, N. 19th St. Boise Idaho

Subscribed and sworn to before me this 22 day of April, 1939

M. H. Hart
Residing at Boise, Idaho. Notary Public. Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



455 705 021 455

1. PLACE OF BIRTH
 County of Franklin
 City of Franklin
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAY 4 1939

Registration District No. 27 State File No. 278551

(If born in hospital or institution give name.) Prim. Registration District No. 2119 Local Registrar's No. 55

2. FULL NAME OF CHILD Vernon Herd Mendenhall

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>April 5, 1938</u> (Month, Day, Year)
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9. Full name FATHER <u>William Henry Mendenhall</u>		18. Full maiden name MOTHER <u>Naomi Herd Mendenhall</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Franklin</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Same</u>	
11. Color or race <u>White</u> 12. Age at last birthday <u>24</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>24</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Franklin Idaho</u>		22. Birthplace (city or place) (State or Country) <u>England</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House Wife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

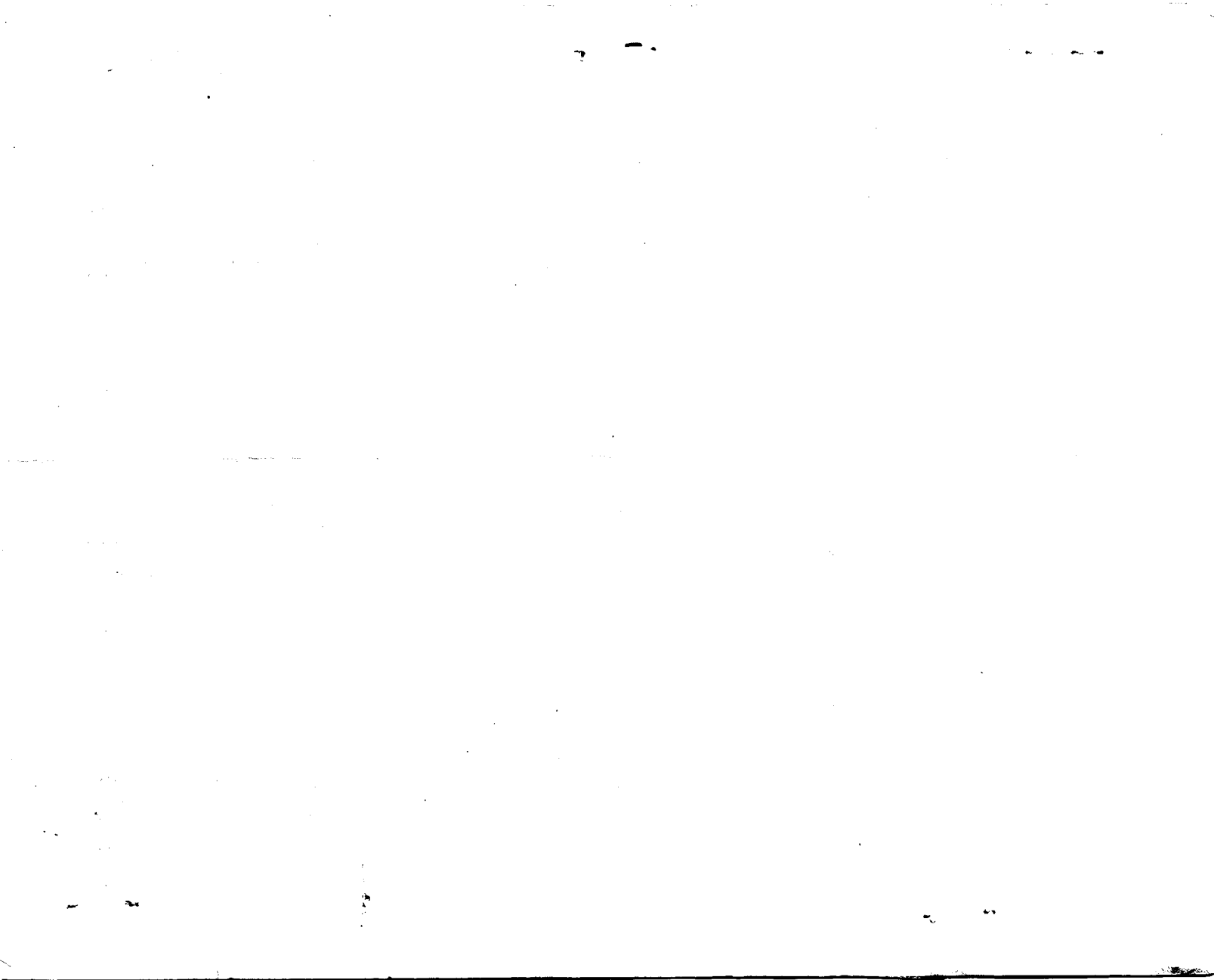
I hereby certify that I attended the birth of this child, who was Alive at 6:30 PM on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William Henry Mendenhall
Father Midwife

Address Franklin Idaho

Filed May 1, 1938 G. W. States
 Registrar.



STATE OF IDAHO.
COUNTY OF BANNOCK SS.

APR 2 1939

AFFIDAVIT OF BIRTH.

THIS CERTIFIES THAT VERNON HERD MENDENHALL
SON OF WILLIAM HENRY MENDENHALL AND NAOMI HERD (MENDENHALL)
WAS BORN APRIL 5th. 1898 AT THE HOUR OF SIX P. M., AT
FRANKLIN, ONEIDA COUNTY , IDAHO U.S.A. THE ATTENDING MID-
WIFE BEING ELLEN MORGAN OF FRANKLIN. IDAHO. DECEASED.

SIGNED IN THE
PRESENCE OF-

Naomi Thatcher

William Henry Mendenhall

Naomi Herd Mendenhall

PARENTS.

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE 3rd. DAY OF MAY
A.D. 1939.

Charles E. [Signature]
NOTARY PUBLIC.

Notary Public

Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

862-101-022-331
1. PLACE OF BIRTH
County of Fremont
City of Marysville
No. Home St.

JUN 8 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

279641

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elmer Francis Hobson

3. Sex male If plural births { 4. Twin, triplet, or other _____ 6. Premature no 7. Legiti-
mate? yes 8. Date of birth April 1, 1939
(Month, Day, Year)

9. Full name FATHER William Noah Hobson
10. Residence (usual place of abode)
(If non-resident, give place and State) Marysville
11. Color or race white 12. Age at last birthday 47 (years)
13. Birthplace (city or place) Richmond 33
(State or Country) Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work October, 1931
17. Total time (years) spent in this work 26 years

18. Full maiden name MOTHER Alice Ann Clark
19. Residence (usual place of abode)
(If non-resident, give place and State) Marysville
20. Color or race white 21. Age at last birthday 46 (years)
22. Birthplace (city or place) Salt Lake City
(State or Country) Utah 35

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
six (a) Born alive and now living yes (b) Born alive but now dead Two (c) Stillborn none

29. If stillborn, period of gestation none { months or weeks
30. Cause of Stillbirth { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born 1898 at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____, M. D.

or William N. Hobson Midwife

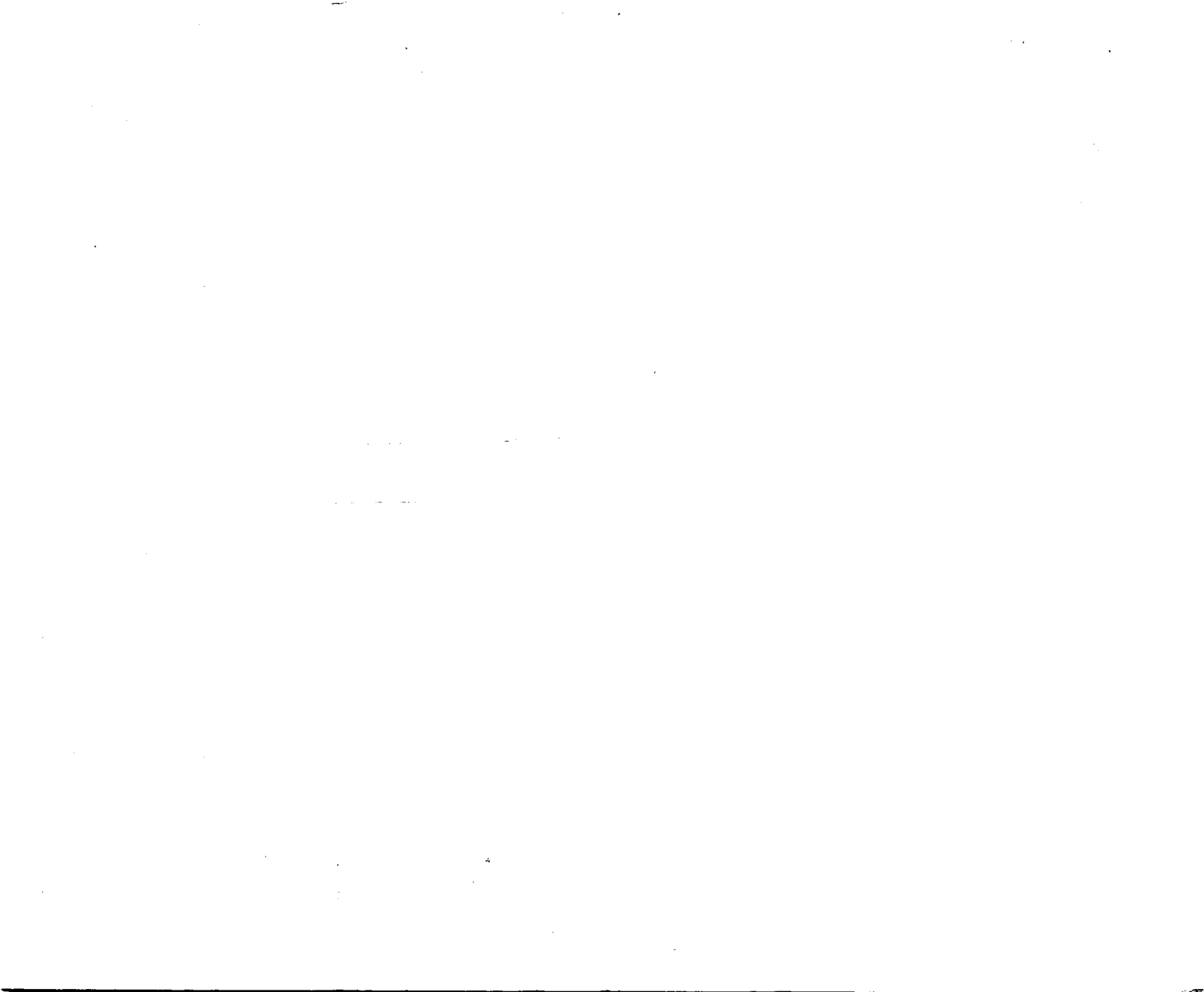
Address 4535 Landis St. San Diego

Filed _____, 193____

Registrar.

JUN 8 1939

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Fremont } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William N Hobson being first duly sworn says that
is the father of Elmer Francis Hobson
(Relationship of child)*
born Apr 7 - 1898 at Marysville, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elmer Francis Hobson
_____ hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____ M. D. was the
Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant William N Hobson
P. O. Address 4535 Langhls St San Diego

Subscribed and sworn to before me this 29th day of May, 1939

My Commission Expires Nov. 30, 1941.

May J Sheedy
Notary Public.
Residing at San Diego, Calif., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1

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1

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Weiser
No A419-211 044-253 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

280677

JUN 22 1939

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Elma Mabel Martin

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Sept-11 1898</u> (Month, Day, Year)
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9. Full name FATHER
John Martin
10. Residence (usual place of abode)
(If non-resident, give place and State) Weiser, Ida

18. Full maiden name MOTHER
Dora Kelley
19. Residence (usual place of abode)
(If non-resident, give place and State) Weiser, Ida

11. Color or race White 12. Age at last birthday 28 (years)

20. Color or race White 21. Age at last birthday 21 (years)

13. Birthplace (city or place)
(State or Country) Sweden

22. Birthplace (city or place)
(State or Country) Weiser, Ida

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In own home

16. Date (month and year) last engaged in this work
2-1, 1908

25. Date (month and year) last engaged in this work
_____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
One (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of Stillbirth _____	{ During labor _____ Before labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193____

Registrar.

JUN 22 1939

Registrar.

2

1

2

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

State of Idaho }
County of Washington } ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Dora Kelley Martin being first duly sworn says that
she is the mother of Elma Mabel Martin
(Relationship of child)*
born September 11-1898 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Elma Mabel Martin

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. White M. D. was the
medical attendant at the birth of said Elma Mabel Martin and that
the said medical attendant is I think Deceased

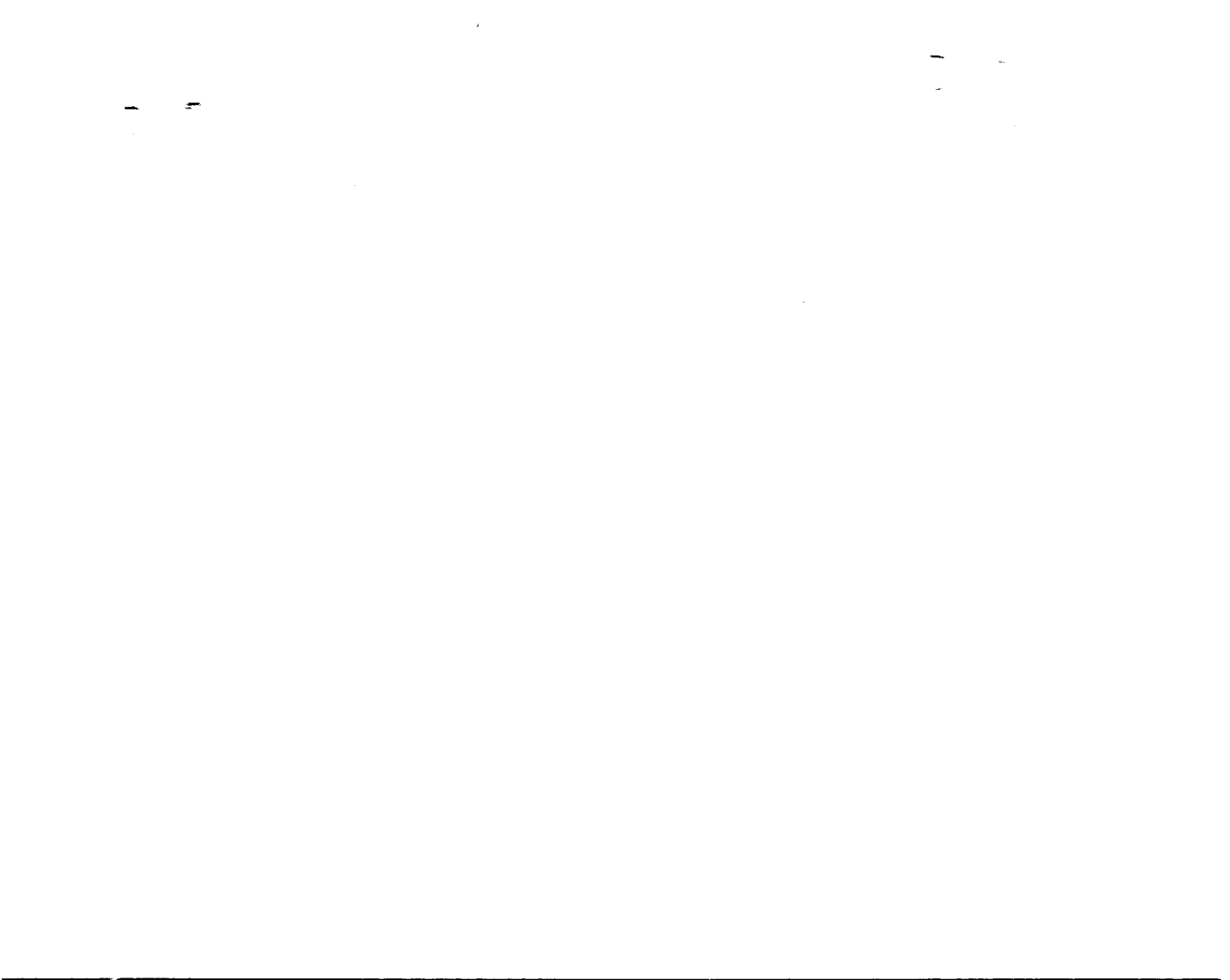
(Now deceased (or) cannot be located)

Name of Affiant Dora Kelley Martin
P. O. Address Weiser, Idaho

Subscribed and sworn to before me this 21st day of June, 1939

H. B. Lloyd
Notary Public.
Residing at Weiser, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



295 723 014 113

1. PLACE OF BIRTH
County of CANYON-PAYETTE.
City of _____
No. _____ St. _____

JUL 5 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4. State File No. 280793
Prim. Registration District No. 1008. Local Registrar's No. 83.
331

2. FULL NAME OF CHILD ASHLEY HOMER BIVENS

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature No Full term Yes 7. Legitimate? Yes. 8. Date of birth Aug. 23, 193 1898
(Month, Day, Year)

9. Full name FATHER
WILLIAM MOORE BIVENS

18. Full maiden name MOTHER
ADA ELIZABETH JACKSON

10. Residence (usual place of abode)
(If non-resident, give place and State) CANYON-PAYETTE

19. Residence (usual place of abode)
(If non-resident, give place and State) CANYON-PAYETTE

11. Color or race W. 12. Age at last birthday 32 (years)

20. Color or race W. 21. Age at last birthday 22 (years)

13. Birthplace (city or place)
(State or Country) Union Oregon

22. Birthplace (city or place)
(State or Country) Falk's Store Payette-Canyon Co., Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3.

(a) Born alive and now living 3. (b) Born alive but now dead 0. (c) Stillborn 0.

29. If stillborn, period of gestation _____ months or weeks

30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

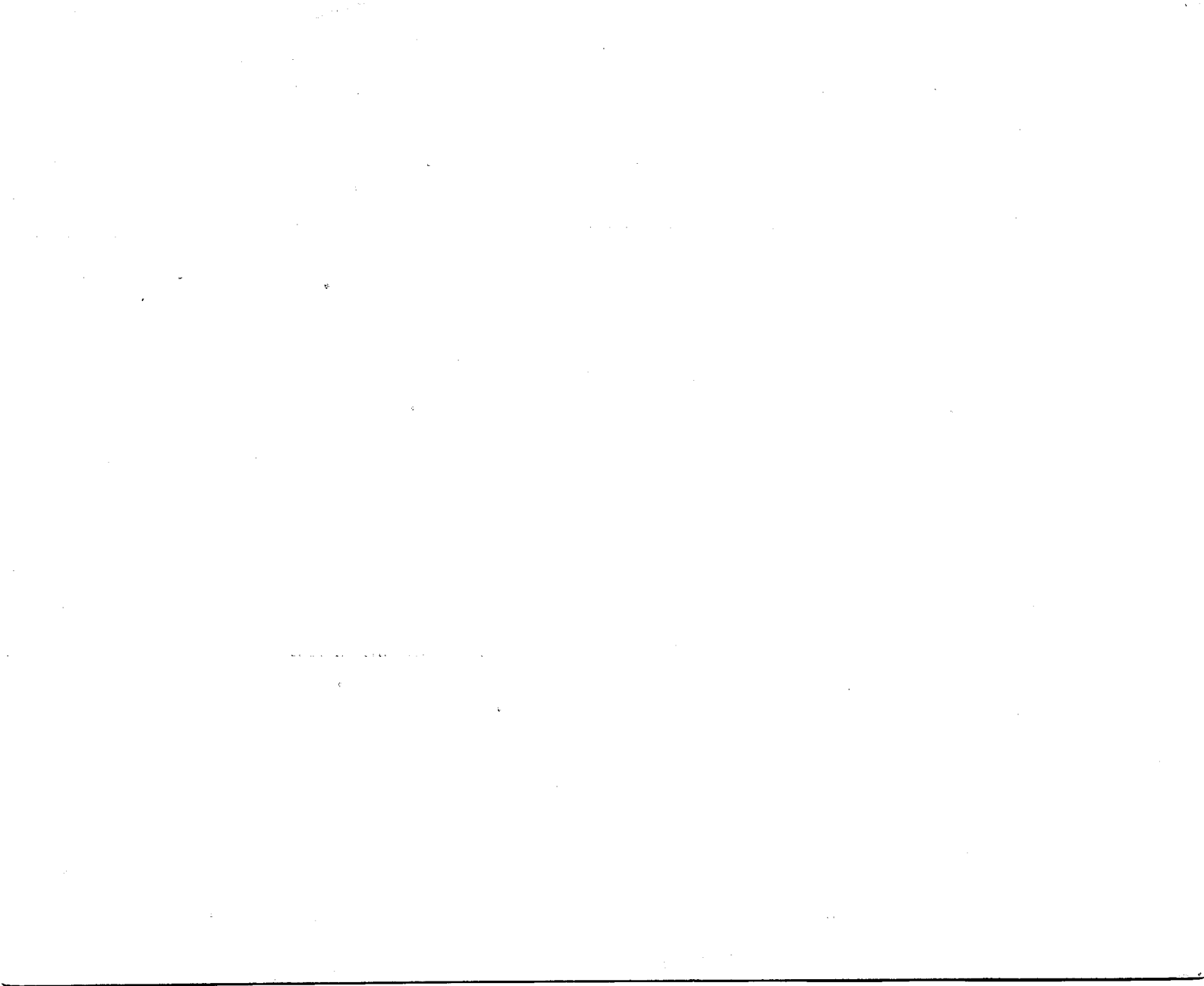
Registrar,

(Signed) _____, M. D.
or Georgina Ludwig Bivens Midwife
Address PAYETTE, IDAHO.

Filed 8/3/39, 193 9

Registrar,

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth.

697-212-044-299

1. PLACE OF BIRTH
County of Washington
City of Midvale
No. at home St. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. 282951

2. FULL NAME OF CHILD Emma Evelyn Wiggins

3. Sex female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? X 8. Date of birth Dec 12, 1898
(Month, Day, Year)

9. Full name FATHER Edward N. Wiggins 18. Full maiden name MOTHER Clarissa Dale Brittain

10. Residence (usual place of abode) Midvale, Ida 19. Residence (usual place of abode) Midvale, Ida
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 28 (years) 20. Color or race white 21. Age at last birthday 7 (years)

13. Birthplace (city or place) Salt County 22. Birthplace (city or place) Kansas
(State or Country) Mo. (State or Country) Wilson County

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

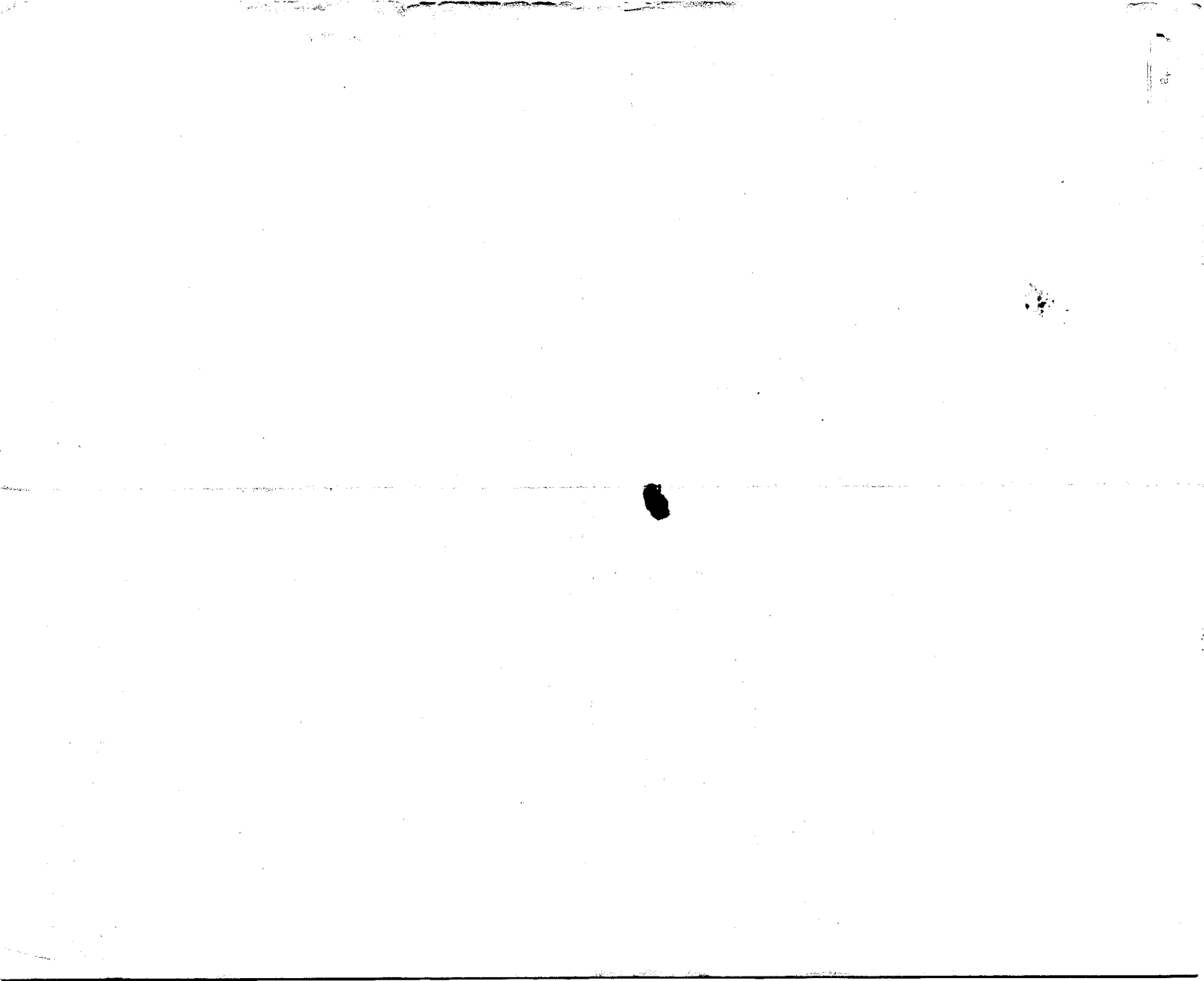
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 8 p. m., on the date above stated.
(Born Alive or Stillborn)

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed AUG 21 1939, 193____
Registrar. _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report. Edward N. Wiggins (Date of _____)
Registrar. _____



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Washington } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
Edward N. Wiggins being first duly sworn says that
is the father of Emma Evelyn Wiggins
(Relationship of child)*
born Dec. 12, 1898 at Midvale, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Emma Evelyn Wiggins
as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

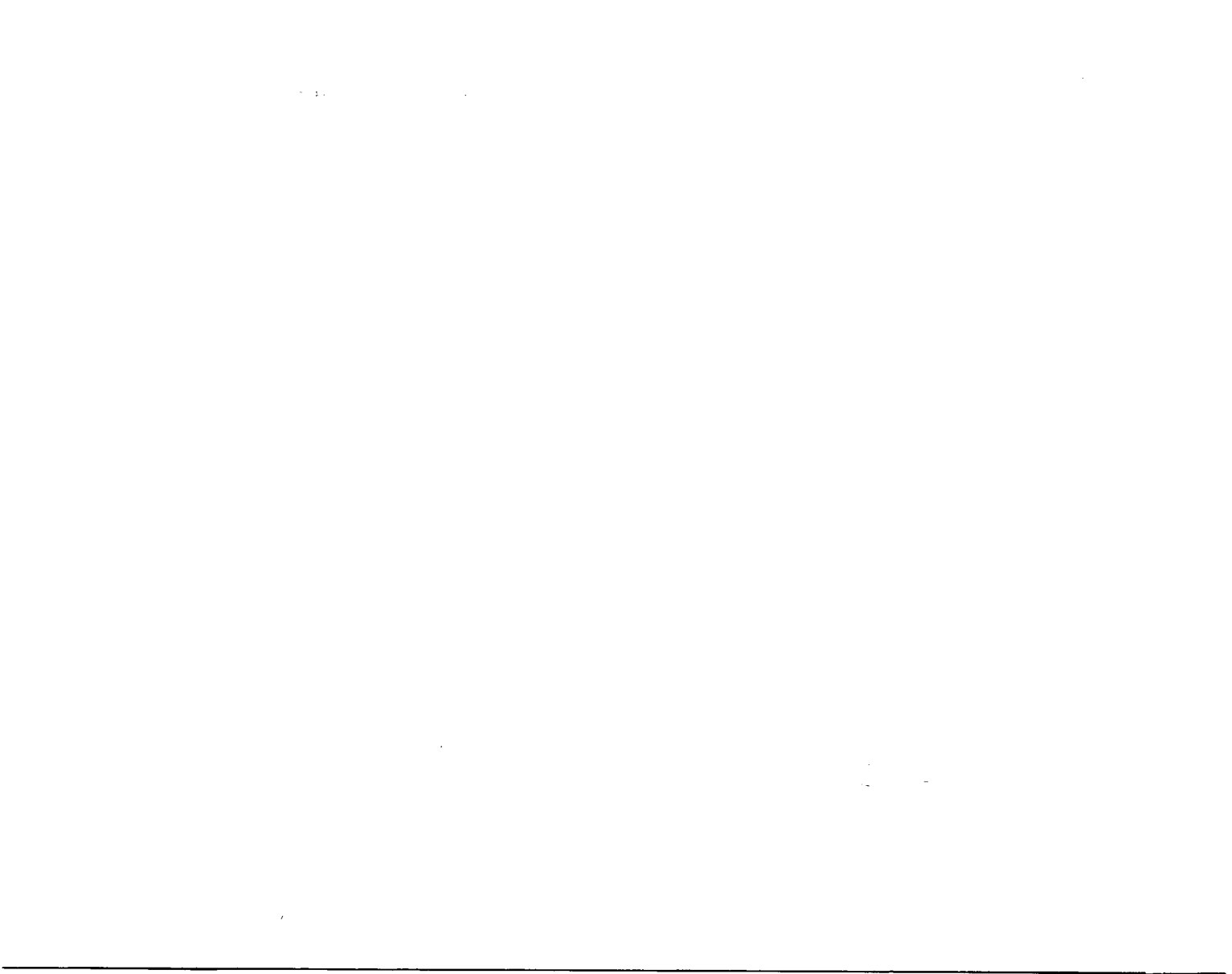
Affiant further states that Nancy Wiggins M. D. was the
medical attendant at the birth of said Emma E. Wiggins Midwife
the said medical attendant is Dr. Griffith Keith and that
(Now deceased (or) cannot be located)

Name of Affiant Edward N. Wiggins
P. O. Address Midvale, Idaho

Subscribed and sworn to before me this 22 day of July, 1939

J. H. Goodrich
Notary Public.
Residing at Midvale, Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. *A249-121-040-731*
PLACE OF BIRTH
County of Shoshone
City of Burke
No. _____ St. _____

RECEIVED
SEP 15 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

283115

Registration District No. _____ State File No. 283115
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Roy BURCH

3. Sex Male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
mate? yes 8. Date of birth Nov. 21 1938
(Month, Day, Year)

9. Full name John Burch FATHER 18. Full maiden name Bertha Glasberg MOTHER

10. Residence (usual place of abode) Decayed 19. Residence (usual place of abode) Burke Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 36 (years) 20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) Finland 22. Birthplace (city or place) Finland
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Metal 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work 1928 17. Total time (years) spent in this work _____
19. _____ 25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

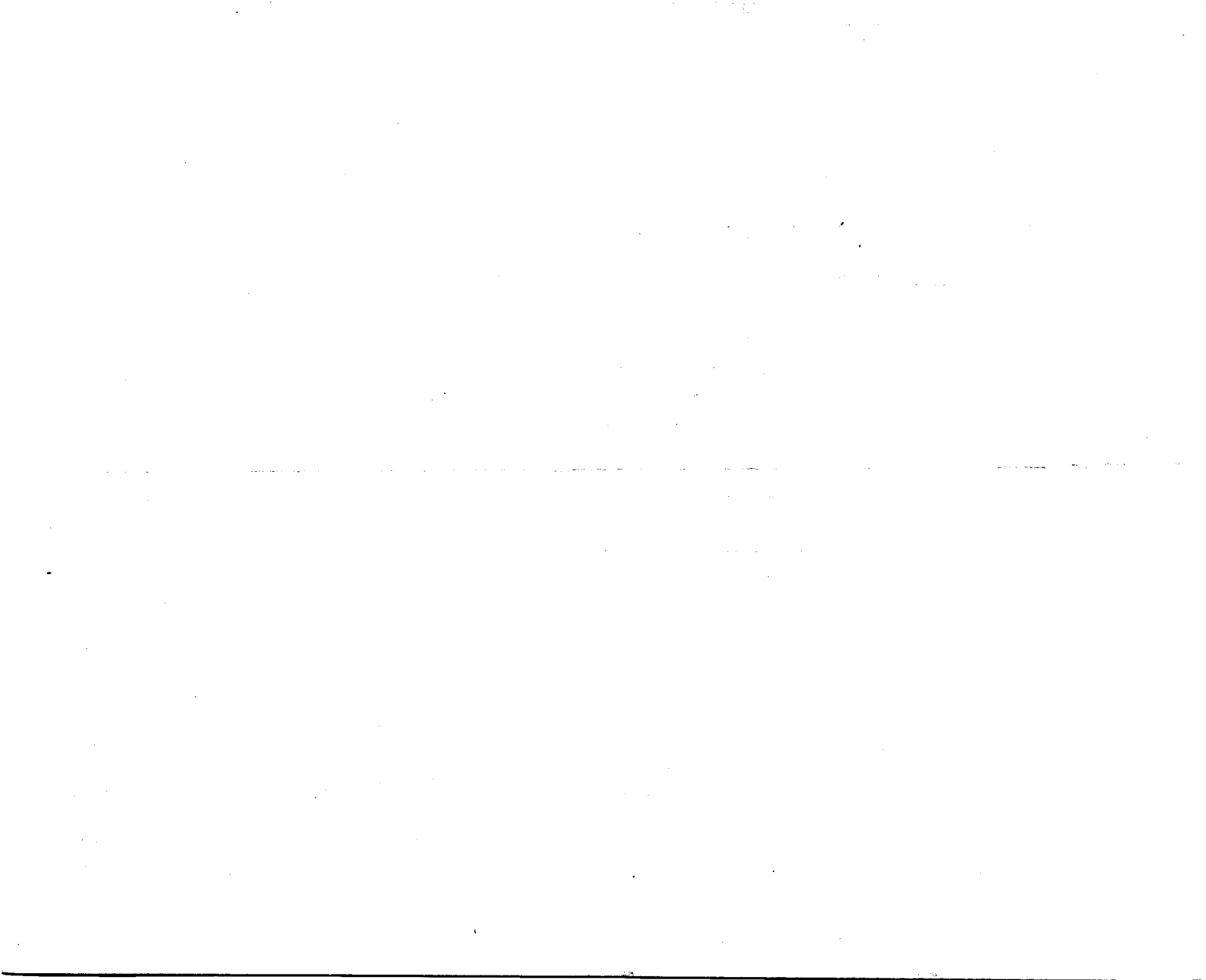
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Sept. 15, 1939
Registrar. _____

(Date of)

Registrar.

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

Province of BRITISH COLUMBIA

State of

County of

KOOTENAY.

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that

she *Mrs. Bertha Burch* is the *Mother* of *Roy Burch*
(Relationship of child)*
born *November 21st 1898* at *Burke*, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that *Roy Burch* desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said *Roy Burch*

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that *Mrs Bertha Burch* M. D. was the
midwife medical attendant at the birth of said *Marylee* and that
the said medical attendant is

(~~Name of Affiant~~) (or) cannot be located)

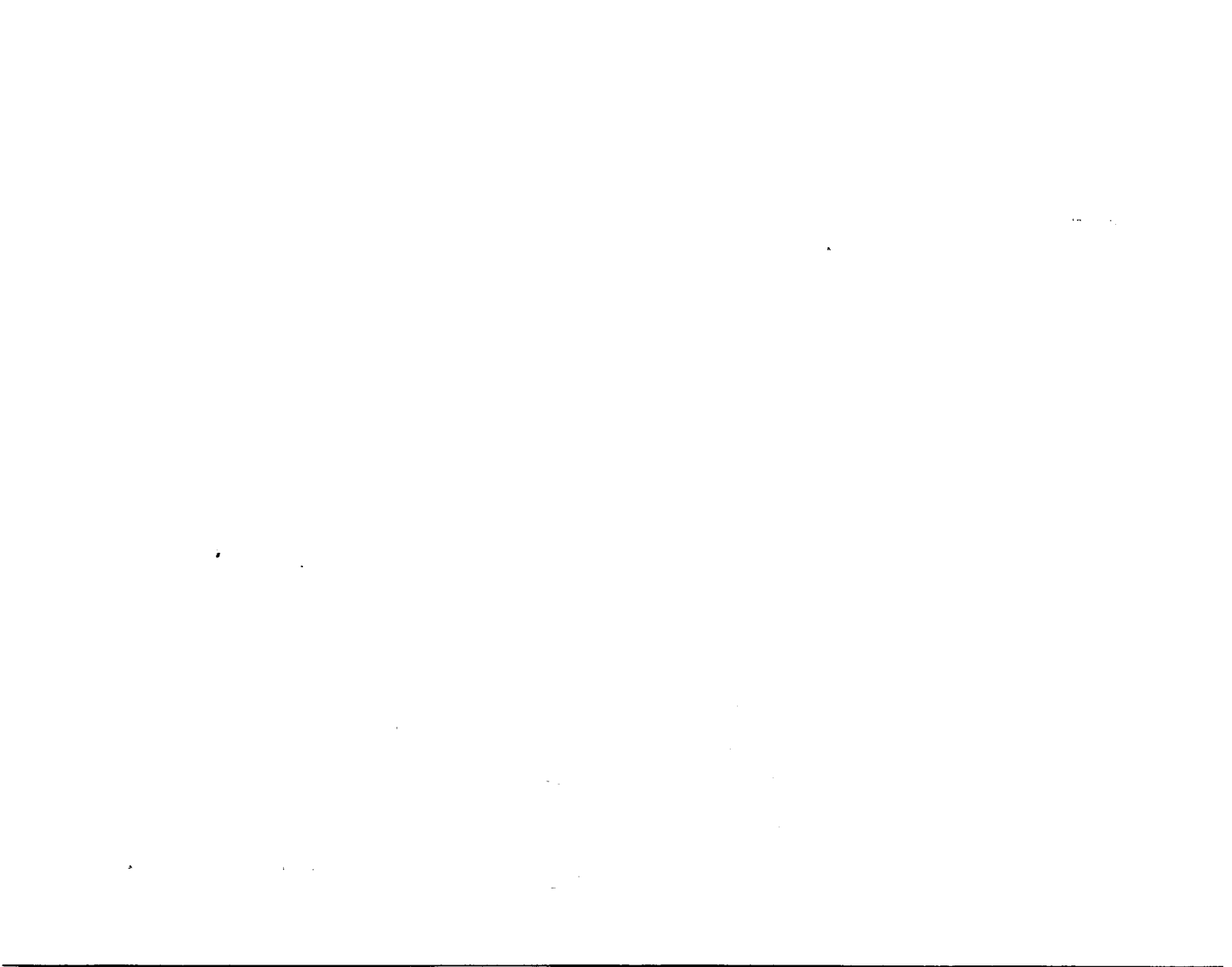
Name of Affiant *Please see signature above: signed in wrong place.*

P. O. Address

Subscribed and sworn to before me this *1st* day of *September*, 19 *39*

Notary Public
Residing at *KIMBERLEY, B.C. CANADA*, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case one child at birth a Separate Return must be made for each, and the number of each, in order of b.

1. A235-131 040-386
PLACE OF BIRTH
County of Shoshone
City of Kellogg Idaho
No. _____ St. _____

RECEIVED
OCT 11 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

284268

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jessie William Gleason

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature. _____ 7. Legitimate? _____ 8. Date of birth May 31, 1898 193 ____ (Month, Day, Year)

9. Full name Mike Gleason FATHER 18. Full maiden name Hannah Thomas MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho

11. Color or race white 12. Age at last birthday 22 (years) 20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Kellogg Idaho 22. Birthplace (city or place) (State or Country) Kellogg Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. quartz mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work August 6, 1915 17. Total time (years) spent in this work 2 years 25. Date (month and year) last engaged in this work _____ 19. _____ 26. Total time (years) spent in this work 9 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 3 (b) Born alive but now dead. _____ (c) Stillborn. _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

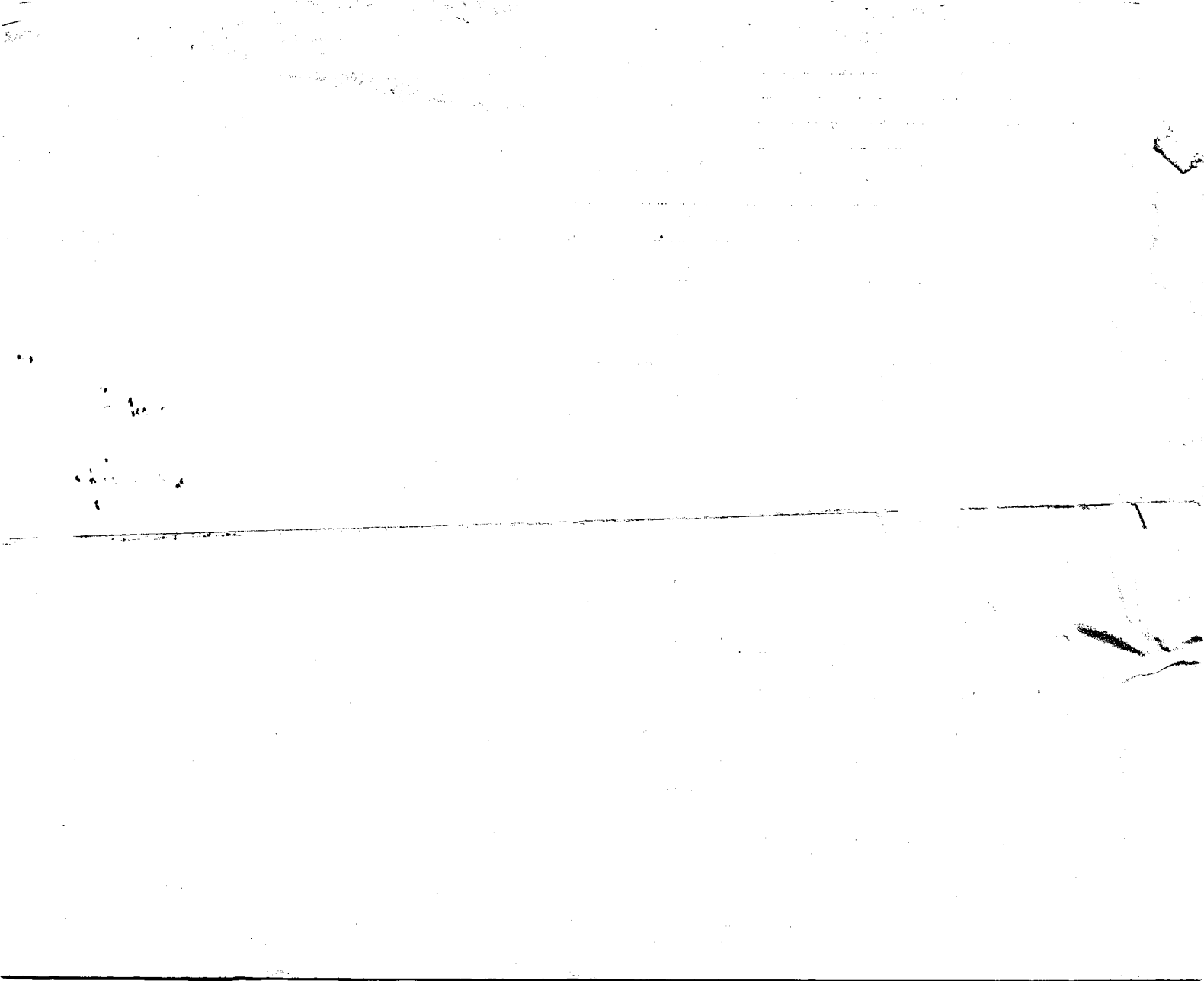
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed OCT 11 1939, 193 ____

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mike Gleason being first duly sworn says that
he is the father of Irving William Gleason
(Relationship of child)*
born May 31 - 1898 at Kellog, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Irving William Gleason

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

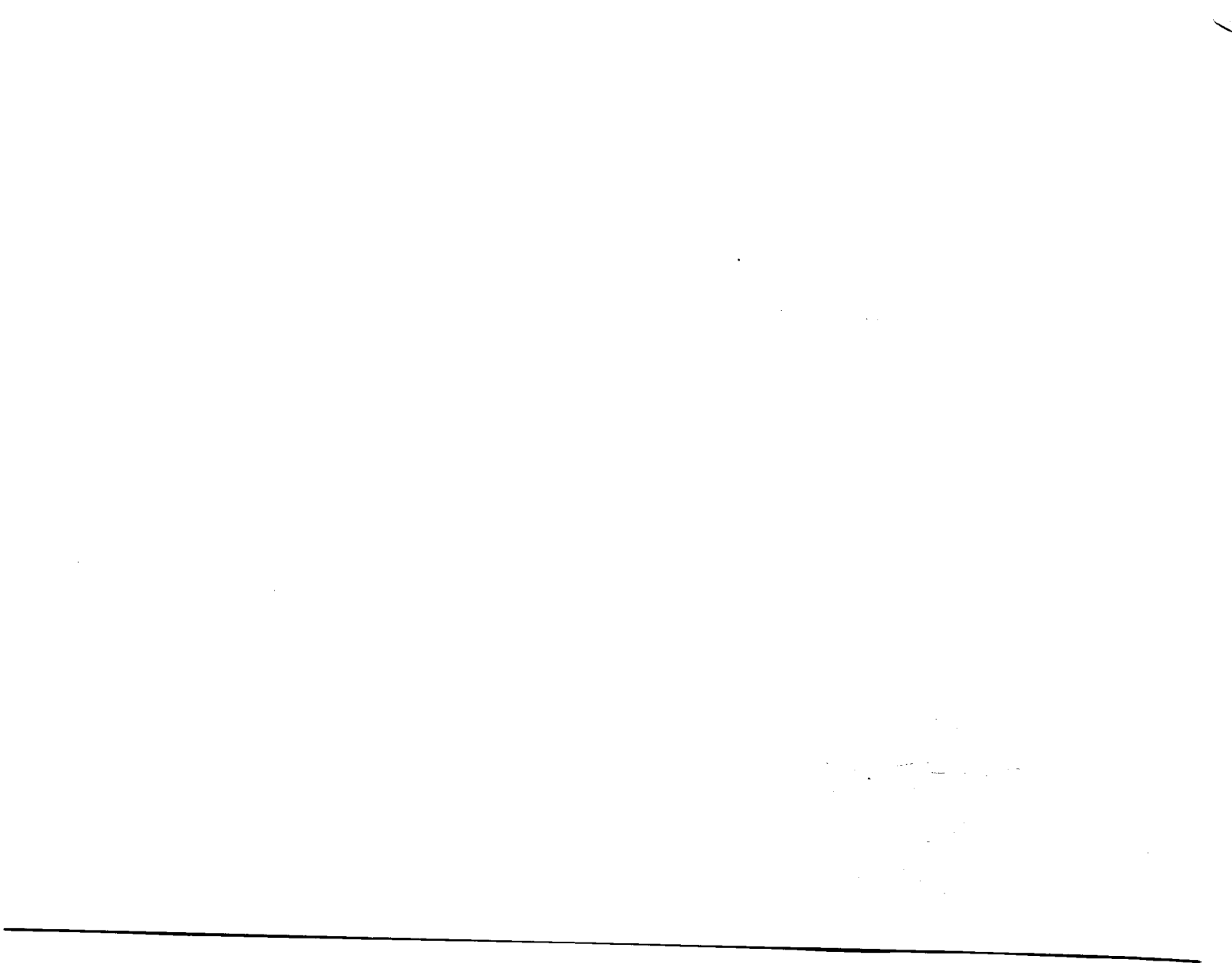
Affiant further states that Dr. Grace M. D. was the
medical attendant at the birth of said Irving William Gleason Midwife and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mike Gleason
P. O. Address 2909 - 3 Ave Seattle

Subscribed and sworn to before me this 3rd day of Oct, 1939

J. P. Jackson
Notary Public.
Residing at Seattle Wash., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



285349

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
OCT 26 1939
CERTIFICATE OF BIRTH
285369

Registration District No. 30 State File No. _____
Prim. Registration District No. 1051 Local Registrar's No. 324

Given Name: James Crockett Casey

18. Full maiden name *Mary Haskell Crockett*
19. Residence (usual place of abode)
(If non-resident, give place and State) *Rathdrum, Idaho*
20. Color or race *white* | 21. Age at last birthday *29* (years)
22. Birthplace (city or place) *Napoleon*
(State or Country) *Ohio*

OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>farm</u>
	25. Date (month and year) last engaged in this work <u>may 3, 1898</u>
	26. Total time (years) spent in this work <u>1 yr</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
_____ (a) Born alive and now living one (b) Born alive but now dead none Stillborn none

29. If stillborn, period of gestation _____ { months or weeks

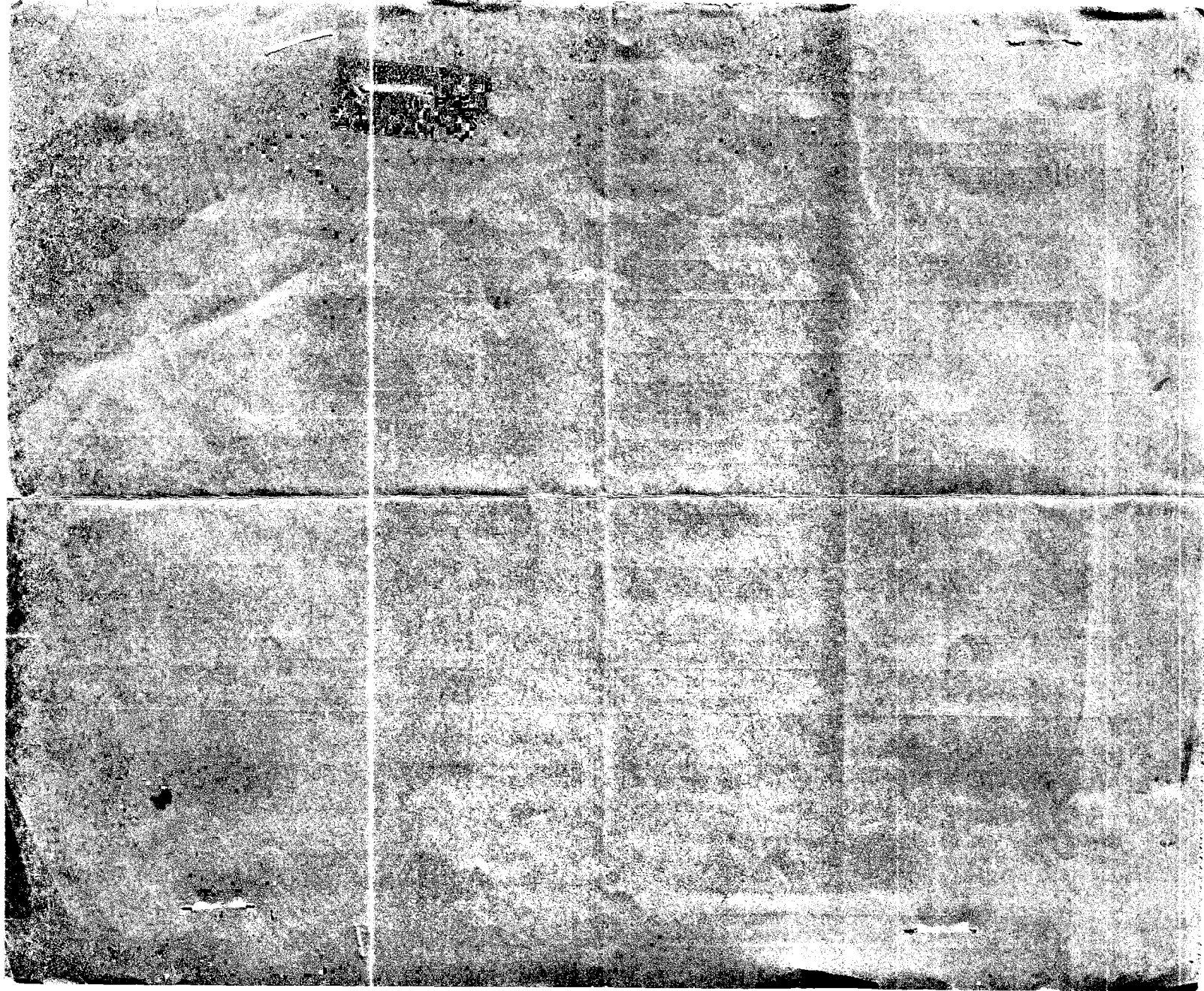
30. Cause of stillbirth _____ { Before labor _____
During labor _____

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. m. on the date above stated.
(Born Alive or Stillborn)

Give name added from
a supplemental report.....
(Date of)

(Signed) Mary H. Casey mother M. D.

or _____, Midwife
Address 1001 Elm St Coand'Alene Idaho
Filed 10/21, 1939 W.R. Newcomb M.D.
Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Butte } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mary H. Casey being first duly sworn says that
she is the mother of James Crockett Casey
(Relationship of child)*
born May 3, 1898 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi
cate of birth of the said James Crockett Casey

hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Sahin M. D. was the
medical attendant at the birth of said James Crockett Casey ~~Midwife~~ and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Mary H. Casey

P. O. Address 1001 Elm St. Coeur d'Alene, Idaho

Subscribed and sworn to before me this 21 day of October, 1939.

Joe A. Foster Clerk of the District Court
Ex-Officio Auditor and Recorder
Notary Public.

Residing at By Joe C. White, Deputy Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of
the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A842-221-020396

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 286613

1. PLACE OF BIRTH
County of Blaine
City of Blaine
No. 10 St. me
Registration District No. 430 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 320

2. FULL NAME OF CHILD Ethel Edith Hubbard

3. Sex F If plural births { 4. Twin, triplet, or other L 6. Premature _____ 7. Legitimate? yes 8. Date of birth Apr. 21, 1898
(Month, Day, Year)

9. Full name of FATHER Edward Eugene Hubbard 18. Full maiden name of MOTHER Eva Helena C. Hubbard

10. Residence (usual place of abode) Blaine, Idaho 19. Residence (usual place of abode) Blaine, Idaho
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 31 (years) 20. Color or race W 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Des Moines 22. Birthplace (city or place) Des Moines
(State or Country) Iowa (State or Country) Iowa

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroader OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. W. P. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. self

16. Date (month and year) last engaged in this work 1898 19. _____ 25. Date (month and year) last engaged in this work Mar 1898 19. _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 7 (At time of this birth and including this child) 7
(a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

Registrar. _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Nov. 25, 1939 Myrtle C. Burdett
Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

2417 2

State of Idaho }
County of Lincoln } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
Eva Helena (Coxall) Hubbard being first duly sworn says that
she is the mother of Ethel Edith Hubbard
(Relationship of child)*
born April - 21 - 1898 at Shoshone, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Ethel Edith
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Deceased M. D. was the
medical attendant at the birth of said Ethel Edith Midwife
and that
the said medical attendant is _____
(Now deceased (or) cannot be located)

Name of Affiant Eva Helena Coxall Hubbard
P. O. Address Shoshone Idaho
Subscribed and sworn to before me this 18th day of November, 1939

A. H. Hansen
Notary Public.
Residing at Shoshone, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 9 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 753-127-040-85 AMENDED
PLACE OF BIRTH 6-13-49
County of Shoshone
City of Wardner
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 287554

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Wilbert Theodore Petterson

3. Sex male If plural { 4. Twin, triplet, or other _____
births { 5. Number, in order of birth _____
6. Premature _____ 7. Legiti-
mate? yes 8. Date of birth Feb. 27, 1898
(Month, Day, Year)

9. Full name FATHER August Petterson
18. Full maiden name MOTHER Annetta Helland

10. Residence (usual place of abode) Oregon
(If non-resident, give place and State) _____
19. Residence (usual place of abode) Oregon
(If non-resident, give place and State) _____

11. Color or race W 12. Age at last birthday 18 (years)
20. Color or race W 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Stockholm, Sweden
(State or Country) _____
22. Birthplace (city or place) Drammon, Norway
(State or Country) _____

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	25. Date (month and year) last engaged in this work	26. Total time (years) spent in this work
	<u>Miner</u>	<u>Rock mine</u>				<u>Housewife</u>	<u>Home</u>		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks _____
30. Cause of Stillbirth { Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

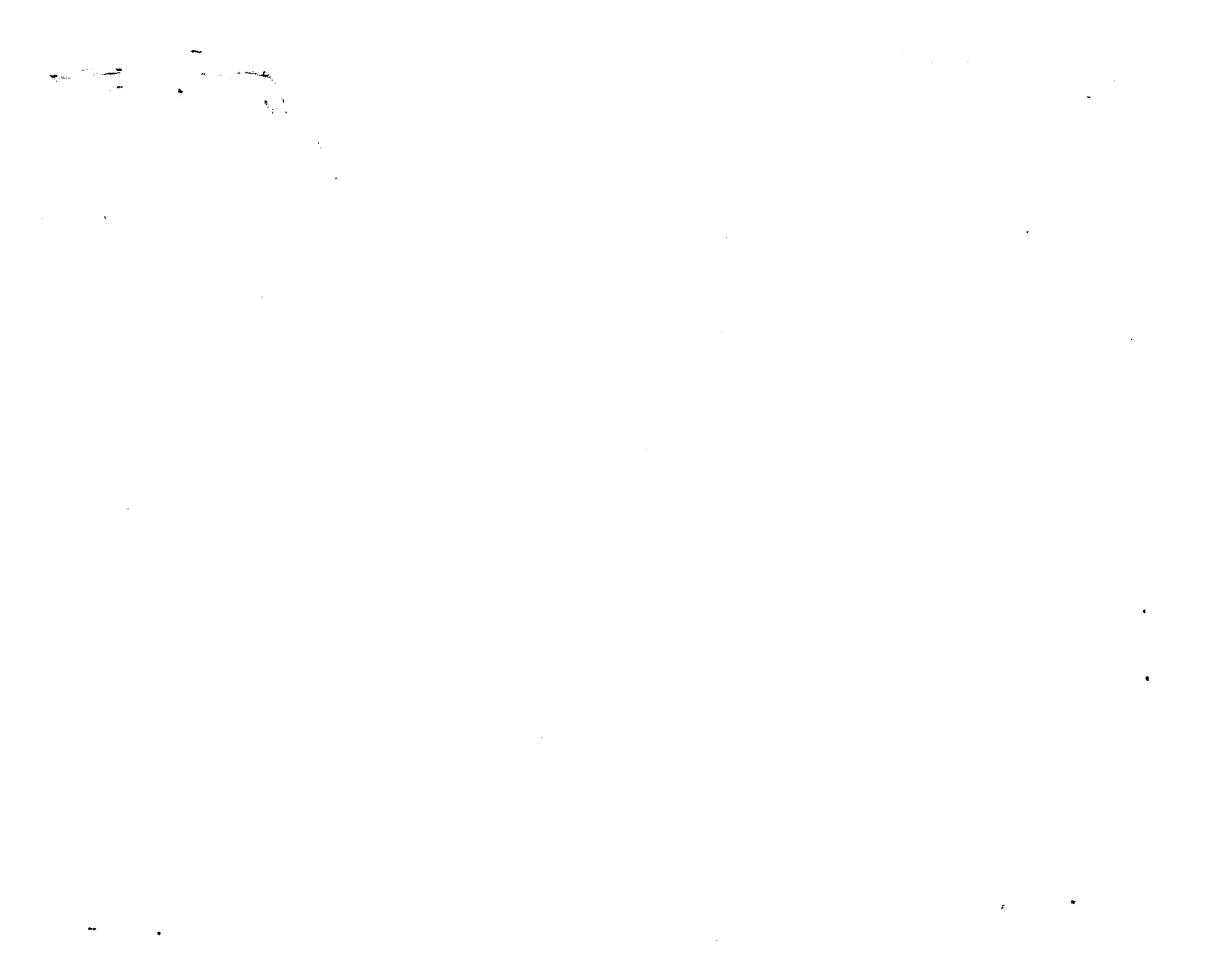
(Signed) Martha Katherine Jorgenson, M. D.

or Sister, XXXXXX Midwife

Address _____

Filed June, 1940

Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Wardner
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287554

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Wilbert Theodore Petterson

3. Sex male If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti-
5. Number, in order of birth. _____ Full term. X mate? yes 8. Date of birth Feb 27, 1900
(Month, Day, Year)

9. Full name August Petterson FATHER

18. Full maiden name Annetta Helland MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Oregon

19. Residence (usual place of abode)
(If non-resident, give place and State) Oregon

11. Color or race whit 12. Age at last birthday 28 (years)

20. Color or race whit 21. Age at last birthday 28 (years)

13. Birthplace (city or place) Stockholm
(State or Country) Sweden

22. Birthplace (city or place) Drammen
(State or Country) Norway

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Rock mine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work
_____, 19____

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work
_____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
8 (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks 30. Cause of Stillbirth { During labor. _____ Before labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

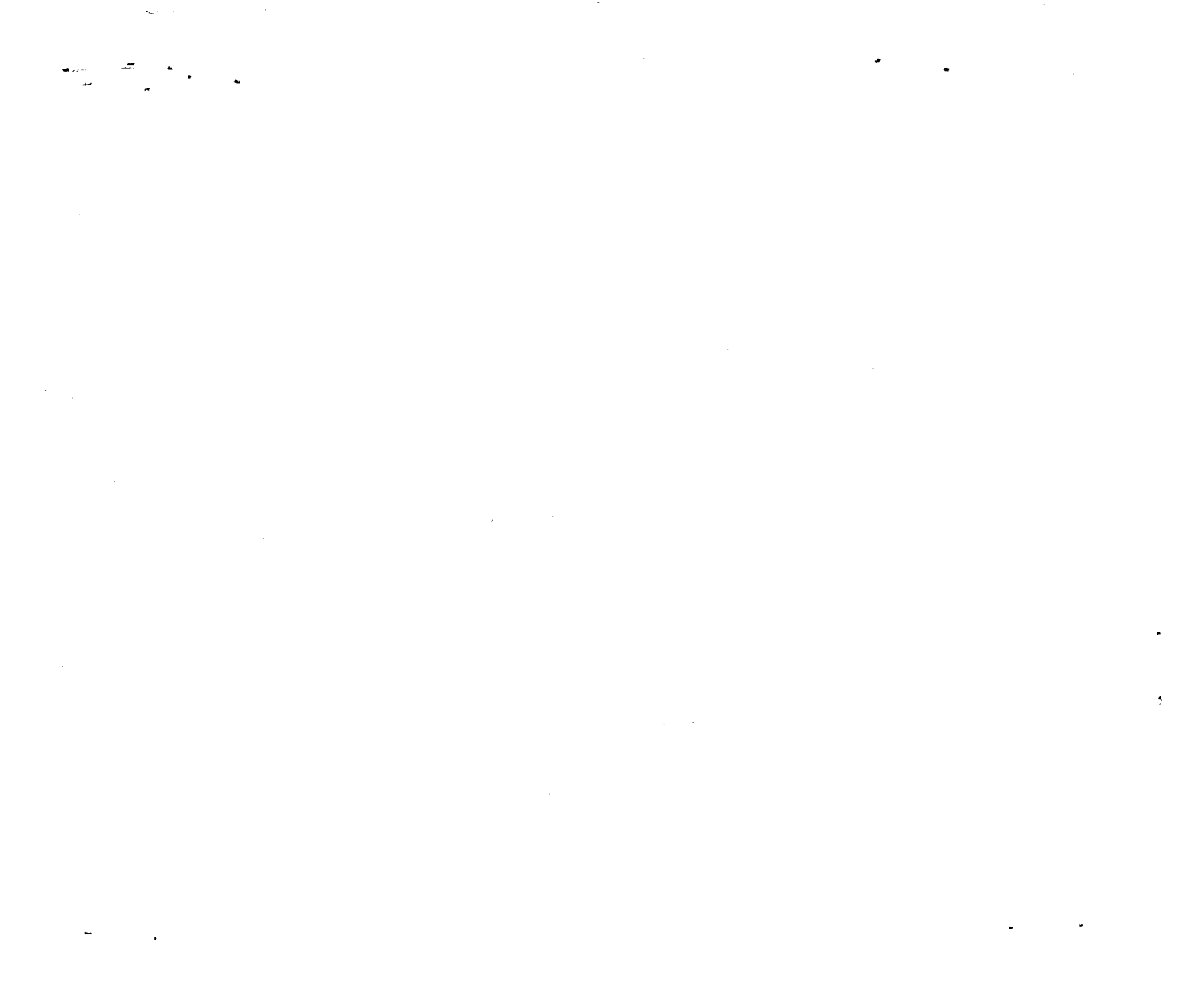
(Signed) Martha Katharina Jorgensen M. D.

or Sister, Midwife

Address _____

Filed _____, 193____

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Chelan } ss. Katherine

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

she is the sister of Martha Katherine Jorgensen being first duly sworn says that
(Relationship of child)*
born February 27, 1900 at Wardner, Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Wilbert Theodore Patterson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that not known no record M. D. was the Midwife
medical attendant at the birth of said _____ and that
the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Martha Katherine Jorgensen

P. O. Address Cashmere Washington

Subscribed and sworn to before me this 11 day of January, 1940

Ramckellar
Notary Public.
Residing at Cashmere, Wash., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



State of Washington)
County of Chelan) ss.

Martha Katherine Jorgense, being first duly sworn, according to law on her said oath doth depose and say. That her maiden name was Martha Katherine Petterson. That she was born at Salt Lake City Utah on the 25, day of April 1886. That she is a full sister of Wilbert Theodore Petterson, whose incomplete birth certificate is hereto attached. That the facts relative to the birth and parentage of the said Wilbert Theodore Petterson as set forth in said incomplete birth certificate as afore said are personally known to this affiant; That her father and mother and the father and mother of the said Wilbert Petterson are both dead, that she is an older sister, she being over 15 years at the date of her said brother Wilbert Theodore Petterson, birth to wit on the 27th day of February A. D. 1900. That all the facts herewith furnished with reference of the said Wilbert Theddore Petterson are within her personal knowledge, that her memory is clear as to said events, and she is positave that the facts as herein stated are true.

Martha Katherine Jorgensen

Subscribed and sworn to before me on this 11th day of January 1940.

B. M. Keller

Notary Public in and for the State of
Washington, residing at Cashmere Wash.

AFFIDAVIT

STATE OF WASHINGTON)
)
COUNTY OF CHELAN) ss.

MARTHA KATHERINE JORGENSEN, being first duly sworn, upon her oath deposes and says: That she is the person who made and executed the affidavit, dated the 11th day of January, 1940, and on that date subscribed and sworn by her, relative to the birth of WILBERT THEODORE PETTERSON, her brother;

That all of the facts set forth in said affidavit are true and correct except that the year of birth of her said brother was 1898 instead of 1900 as shown therein; that the correct year of her said brother's birth is 1898, on the 27th day of February of that year; that said error was made inadvertently, and this affidavit is made for the purpose of correcting the same.

RECEIVED
JUN 11 1949
DIVISION OF VITAL
STATISTICS

Martha Katherine Jorgensen

Subscribed and sworn to before me this 6th day of June, 1949.

J. Harold Anderson
Notary Public in and for the State
of Washington residing at Cashmere.

JUN 11 1949

JUN 11 1949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A533-212-019-168

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287604

JAN 5 1940

1. PLACE OF BIRTH
County of Custer
City of Ellis, Ida.
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Harriet Maud Ellis

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>April 12, 1898</u> (Month, Day, Year)
-------------------------	--	--	--------------------------------	--

9. Full name FATHER
George Amos Ellis
10. Residence (usual place of abode)
(If non-resident, give place and State) Ellis, Idaho
11. Color or race White 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Dubuque
(State or Country) Iowa

18. Full maiden name MOTHER
Mary Helen Johnson
19. Residence (usual place of abode)
(If non-resident, give place and State) Ellis, Idaho
20. Color or race White 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Stockton
(State or Country) Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer & Stockraiser
16. Date (month and year) last engaged in this work Jan. 2, 1940
17. Total time (years) spent in this work 73 yrs.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work Jan. 2, 1940
26. Total time (years) spent in this work 53 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No. not know

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) _____, M. D.
or _____, Midwife
Address _____

(Date of) _____

Filed Jan. 5, 1940

Registrar.

Registrar.

MAR 2 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Custer } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

George Amos Ellis being first duly sworn says that
he is the father of Harriet Mand Ellis
(Relationship of child)*
born April 12, 1898 at Ellis, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
ficate of birth of the said Harriet Mand Ellis
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Josephine Fortune M.D. was the
medical attendant at the birth of said Harriet Mand Ellis Midwife
and that
the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant George Amos Ellis
P. O. Address Challis, Ida.
Subscribed and sworn to before me this 22 day of January, 1940

John B. Boff
Custody Co. Records Notary Public
Residing at Challis, Ida., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

17

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A652-145-294
PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JAN 4 1940 CERTIFICATE OF BIRTH 287619

Registration District No. 123 State File No. _____
Prim. Registration District No. 2201 Local Registrar's No. 178

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Brooks Donald Weber

3. Sex M If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? Yes 8. Date of birth Aug 15 1898 (Month, Day, Year)

9. Full name John Henry Weber FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Wardner Ida.
11. Color or race W 12. Age at last birthday 42 (years)
13. Birthplace (city or place) (State or Country) Dover Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bank
16. Date (month and year) last engaged in this work 8/15/1898 17. Total time (years) spent in this work 10 yrs

18. Full maiden name Emma Sophia Brucks MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Wardner Idaho
20. Color or race W 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Dover Ohio

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. same
25. Date (month and year) last engaged in this work Aug 15 1898 26. Total time (years) spent in this work 3 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living One (b) Born alive but now dead _____ (c) Stillborn One
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Dec. 29, 1939 Mrs. Helen M. Briles
Registrar.

(Date of) _____
Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JAN 4 - 1940

State of

County of

Idaho

Shoshone

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma S Weber

She is the mother of Brooks Donald Weber

(Relationship of child)*

born

Aug 15, 1898

at

Wardner

Idaho,

whose certificate of birth is hereto attached, and that

recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certifi

cate of birth of the said

Brooks Donald Weber

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

Mr. Matchette

M. D. was the

medical attendant at the birth of said

Brooks Donald Weber

~~Midwife~~

and that

the said medical attendant is

now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Emma S. Weber

P. O. Address

Subscribed and sworn to before me this

21st

day of

November

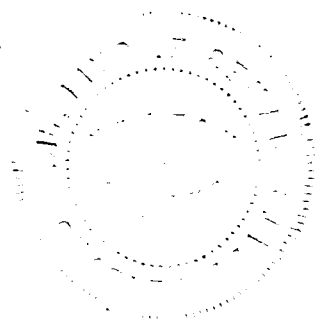
1939

Residing at

James E. Wallace

Notary Public.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Idaho</u> City of <u>Cottonwood</u> No. <u>714-231-025-314</u> St. <u>314</u> (If born in hospital or institution give name.)		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 288853 Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Giola Bell Paull</u>			
3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>
8. Date of birth <u>Oct. 31, 1898</u> (Month, Day, Year)			
9. Full name FATHER <u>William Paull</u>		18. Full maiden name MOTHER <u>Emma Bell Lamb</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cottonwood Idaho</u>	
11. Color or race <u>white</u> 12. Age at last birthday <u>50</u> (years)		20. Color or race <u>white</u> 21. Age at last birthday <u>38</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Pike County Illinois</u>		22. Birthplace (city or place) (State or Country) <u>Douglas County Illinois</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____		25. Date (month and year) last engaged in this work _____, 19____	
17. Total time (years) spent in this work <u>Life</u>		26. Total time (years) spent in this work <u>Life</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____			
28. Number of children of this mother (At time of this birth and including this child) <u>8 children</u> (a) Born alive and now living <u>8</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of Stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 8 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.
or Mrs. Lona E. Callier, Midwife
Address Cottonwood Idaho
Filed Feb 1, 1900

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

863 120 006-863		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS		288908	
1. PLACE OF BIRTH County of <u>Bingham</u> City of <u>Blackfoot</u> No. <u>19 W. University</u> St.		RECEIVED FEB 19 1940 Registration District No. _____		State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>James Lowell Holbrook</u>					
3. Sex <u>Male</u>		If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____		6. Premature _____ 7. Legitimate? _____	
				8. Date of birth <u>Jan. 20</u> 19 <u>39</u> (Month, Day, Year)	
9. Full name <u>George Harrison Holbrook</u>		FATHER		18. Full maiden name <u>Isabelle Gray Holbrook</u>	
10. Residence (usual place of abode) <u>Rock Springs</u> (If non-resident, give place and State) <u>Wyoming</u>				19. Residence (usual place of abode) <u>Burbank</u> (If non-resident, give place and State) <u>Calif.</u>	
11. Color or race <u>White</u>		12. Age at last birthday <u>67</u> (years)		20. Color or race <u>White</u> 21. Age at last birthday <u>68</u> (years)	
13. Birthplace (city or place) <u>Monmouth</u> (State or Country) <u>Illinois</u>				22. Birthplace (city or place) <u>Barrachnie</u> (State or Country) <u>Scotland</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper & Clerk.</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
16. Date (month and year) last engaged in this work _____		17. Total time (years) spent in this work <u>50</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
18. Date (month and year) last engaged in this work _____		19. _____		25. Date (month and year) last engaged in this work _____	
26. Total time (years) spent in this work <u>46</u>		27. _____		28. _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother <u>2</u> (At time of this birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____					
29. If stillborn, period of gestation _____ { months _____ or weeks _____					
30. Cause of Stillbirth _____ { Before labor _____ During labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was _____ at <u>4:10 P.</u> on the date above stated. (Born Alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return. <u>Attended by</u> (Signed) <u>Henry A. Bailey</u> , M. D.					
Give name added from a supplemental report _____ or _____, Midwife					
Address <u>Now Deceased.</u>					
Filed <u>Feb. 19</u> 19 <u>40</u>					
Registrar. _____ Registrar. _____					

County of:

On



My Commissio

JAY 27 1997

CALIFORNIA

DEC 28 1940

Alameda } ss.
this *16th* day of *February*, in the year one thousand nine hundred and *forty*
before me, *Winifred L. Seymour* a Notary Public in and for the

County of *Alameda*, State of California, residing therein,

duly commissioned and sworn, personally appeared *Isabelle Gray Holbrook*

known to me to be the person whose name *is* subscribed to the within instrument
and acknowledged to me that *she* executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal,
in the County of *Alameda* the day and year in this
certificate first above written.

Winifred L. Seymour

My Commission Expires *July 22, 1940*

Notary Public in and for the County of *Alameda*
State of California



1. PLACE OF BIRTH
County of Fremont
City of Wilford
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **289942**

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ada Louise Funk

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other <u>Singl</u> 5. Number, in order of birth _____	6. Premature _____ Full term <u>YES</u>	7. Legiti- mate? <u>YES</u>	8. Date of birth <u>Jan. 31st, 1898</u> (Month, Day, Year)
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9. Full name <u>Willard Richard Funk</u>	18. Full maiden name <u>Sarah Ann Bell</u>
---	---

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Wilford Idaho</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Grantsville</u>
--	--

11. Color or race <u>Danish</u>	12. Age at last birthday <u>90</u> (years)	20. Color or race <u>English</u>	21. Age at last birthday <u>70</u> (years)
---------------------------------	--	----------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Denmark</u>	22. Birthplace (city or place) (State or Country) <u>Grantsville Utah</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
--	--

16. Date (month and year) last engaged in this work <u>July 1923</u> , 19____	17. Total time (years) spent in this work <u>55</u>	25. Date (month and year) last engaged in this work _____, 19____	26. Total time (years) spent in this work _____
--	---	--	---

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
11 (a) Born alive and now living _____ (b) Born alive but now dead X (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks	30. Cause of stillbirth _____ { Before labor _____ During labor _____
---	---

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

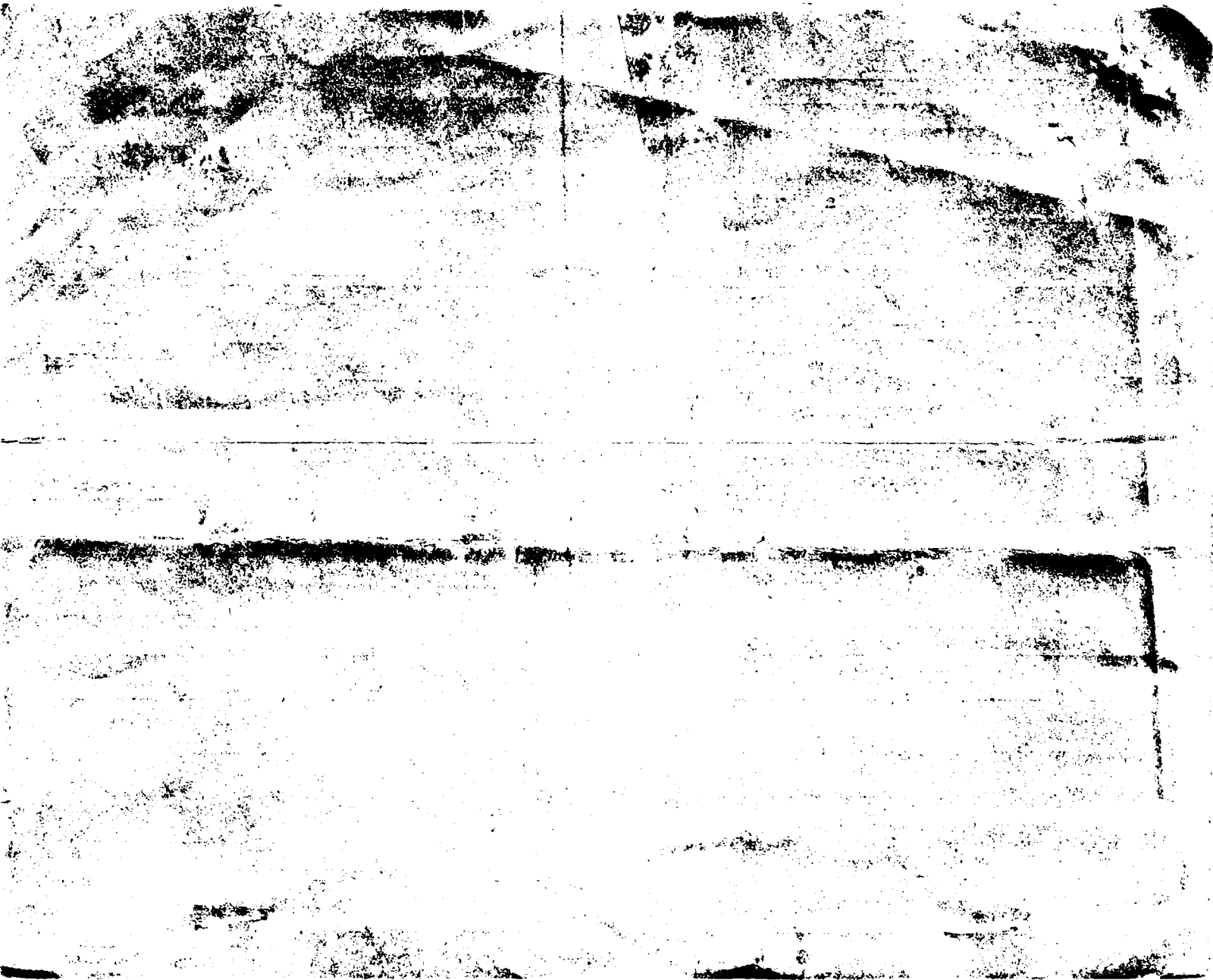
(Signed) Not known at this time _____, M. D.

or _____, Midwife

Address _____

Filed Feb, 1940

Registrar.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

289942

~~XXXXXX~~ State of Canada

~~XXXXXX~~ County of Province of Alberta

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Clara Melinda Funk Shafer

being first duly sworn says that

she is the sister of Ada Louise Funk
(Relationship of child)*

born Wilford Fremont Idaho on January 31st, 1898, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ada Louise Funk

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

M. D. was the
Midwife

medical attendant at the birth of said Ada Helena Funk and that
the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant

Clara Shafer

P. O. Address

1806 1st St. N. West

Subscribed and sworn to before me this

24th

day of

January

1947

Anna Helena Thacker
Commissioner of Health, Notary Public

Residing at Palmyra, Blaine, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF

DEPARTMENT OF THE TREASURY

OFFICE OF THE COMPTROLLER

THE STATE

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H. E. Wight
1681 4 A Street N. W.
Calgary Alberta

February 20th. 1940

Extracts taken from the family records of Willard Richard Funk now deceased, regarding the dates of birth of his daughter Ada Louise Funk.

Born Wilford, Fremont County, in the state of Idaho on the 11st. day of January 1898. Christened by Joseph R. Meservy at the same place on the 1st. day of May 1898.

Declaration by Clara Malinda Funk Shafer, sister of the said Ada Louise Funk

I Clara Malinda Funk Shafer do solemnly declare that I am the sister of the said Ada Louise Funk and that I know the above dates and places to be correct and that they were copied from the book which I know to be the family record kept by my father, the said Willard Richard Funk.

Sworn before me in the City of
Calgary, Province of Alberta,
Canada.

This the day of
February A. D. 1940

Anna Louise Proctor

Commissioner of Oaths in and
for the Province of Alberta.

Signed *Clara Shafer*

Declaration by Hans E. Wight, Engineer, Calgary Alberta.

I Hans E. Wight do solemnly declare that I have copied the above dates and information regarding the said Ada Louise Funk from their family record and that they are a correct and true copy as shown in the records. I further declare that I have known the Funk family for many years and I fully believe this information to be true and correct.

Sworn before me in the city of
Calgary, Province of Alberta,
Canada.

This the 21st. day of
February A. D. 1940

A. L. Proctor
Commissioner of Oaths in and
for the Province of Alberta

Signed *H. E. Wight*

RECEIVED

FEB 26 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

933211 008 249

269944

FEB 28 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

289944

1. PLACE OF BIRTH
County of Boise
City of Idaho City
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Lucille Mourine McLean

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Apr. 11, 1931</u> (Month, Day, Year)
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9. Full name FATHER Malcolm McLean

10. Residence (usual place of abode)
(If non-resident, give place and State) Ida. City, Ida.

11. Color or race W 12. Age at last birthday 41 (years)

13. Birthplace (city or place)
(State or Country) Nova Scotia.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Naomi Elizabeth Smith

19. Residence (usual place of abode)
(If non-resident, give place and State) Ida. City, Ida.

20. Color or race W 21. Age at last birthday 31 (years)

22. Birthplace (city or place)
(State or Country) Emmett, Idaho

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Second (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____
30. Cause of Stillbirth _____ { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of _____ child, who was _____ at _____ P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, grandfather, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Naomi E. McLean

or _____

Address Idaho City, Ida.

Filed Feb. 28, 1940

M. D.

Maie J. Atwood

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

289944

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Naomi E. McLean being first duly sworn says that
she is the Mother of Lucile Mourine McLean
(Relationship of child)*
born April 11, 1898 at Idaho City, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Lucile Mourine McLean

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Warren Jewell, M. D., was the medical attendant at the birth of said Lucile Mourine McLean and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Naomi E. McLean
P. O. Address Idaho City

Subscribed and sworn to before me this _____ day of _____, 19____

Subscribed and sworn to before me
this 28 day of Feb, 1939
Residing at Idaho City, Idaho

If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

State Registrar

STATE OF TEXAS

COUNTY OF _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

453131007-769
1. PLACE OF BIRTH
County of Bellvue
City of Bellvue
No. Home St.

290044
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 290044

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Harvey Evan Melick

3. Sex Male If plural births { 4. Twin, triplet, or other ✓ 5. Number, in order of birth 1 6. Premature ✓ 7. Legitimate yes 8. Date of birth Aug. 31, 1898
(Month, Day, Year)

9. Full name FATHER John D. Melick

18. Full maiden name MOTHER Myrtie Electa Porter

10. Residence (usual place of abode) Bellvue
(If non-resident, give place and State) Idaho

19. Residence (usual place of abode) Bellvue
(If non-resident, give place and State) Idaho

11. Color or race white 12. Age at last birthday 44 (years)

20. Color or race white 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Ohio
(State or country)

22. Birthplace (city or place) North Troy
(State or country) Vermont

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

25. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Myrtie Electa Porter Mother

or _____ Midwife

Address Colonial Hotel, Nampa, Idaho

Filed Mar. 21, 1940 May 11 Registrar.

Bureau of Vital Statistics

Give name added to a supplemental report _____
(Date of) _____
Residing at Nampa, Idaho



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

863 124 014 455
1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. 302 So 12th Ave St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

290071

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD George Dewey Hollrich

3. Sex Male	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>July 24, 1898</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>yes</u>		

FATHER		MOTHER	
9. Full name John Hollrich		18. Full maiden name Emma Jane Dennerline	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>302 So 12th Ave Caldwell, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Caldwell, Idaho</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>white</u>	21. Age at last birthday <u>32</u> (years)
13. Birthplace (city or place) (State or Country) <u>Oberwisenbach, Bavaria Germany</u>		22. Birthplace (city or place) (State or Country) <u>Atlanta, Logan County, Illinois</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Harness Maker</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Harness Shop</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>	
16. Date (month and year) last engaged in this work <u>Still engaged</u>	17. Total time (years) spent in this work <u>app. 18</u>	25. Date (month and year) last engaged in this work <u>Still engaged</u>	26. Total time (years) spent in this work <u>6</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead — (c) Stillborn —

29. If stillborn, period of gestation <u>—</u> <u>—</u> { months or weeks	30. Cause of stillbirth <u>—</u> { Before labor <u>—</u> During labor <u>—</u>
---	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at P. a. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Emma Jane Hollrich

Ada Groves Mother

Address 1109 Cleveland Blvd, Caldwell, Idaho

Filed Dec. 21, 1939

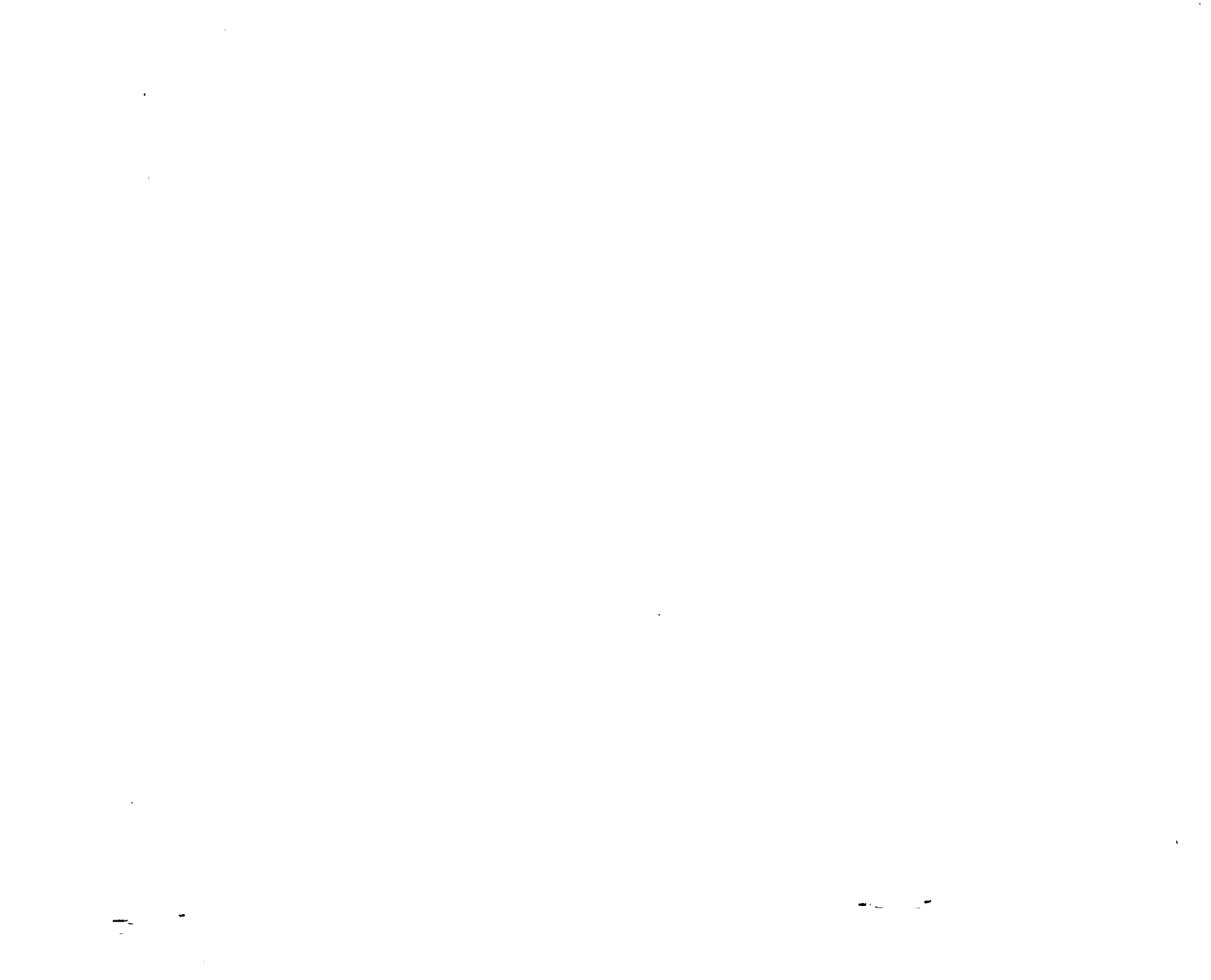
Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

390071

State of Idaho

County of Canyon

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma Jane Hollrich

being first duly sworn says that

she is the Mother of

(Relationship of child)*

George Dewey Hollrich

born July 24, 1898

(Date of birth)

at Caldwell, Canyon County

, Idaho,

whose certificate of birth is hereto attached, and that George Dewey Hollrich desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said George Dewey Hollrich

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Ada Groves

~~XXXX~~ was the Midwife

medical attendant at the birth of said George Dewey Hollrich

and that

the said medical attendant is still living and signed the certificate of Birth

(Now deceased (or) cannot be located)

Name of Affiant

Emma Jane Hollrich

P. O. Address

Subscribed and sworn to before me this 26th

day of

December

1939

Kathryn B. Hartshoff

Notary Public.

Residing at

Caldwell

, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 4

1942

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

819-127-036595
PLACE OF BIRTH

County of Oneida
City of Weston
No. St.

RECORDED

MAR 27 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291101

Registration District No. State File No. 291101
(If born in hospital or institution give name.)
Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Paul Ezra Hansen
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	<u>Male</u>	Twins Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate Yes	Date of birth	<u>July</u>	<u>27</u>	<u>1898</u>
						(Month)	(Day)	(Year)	

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth. Twelfth (a) Born alive and now living yes

Born alive but now dead Stillborn

FATHER
FULL NAME Hans Christian Hansen
Residence (Usual place of abode) Weston, Idaho
If non-resident, give place and State

Color or race White Age at last birthday 46 (Years)
Birthplace Bornholm, Denmark (City and State or County)
Occupation Farmer

MOTHER
FULL MAIDEN NAME Hannah Lee Nielsen
Residence (Usual place of abode) Weston, Idaho
If non-resident, give place and State

Color or race White Age at last birthday 42 (Years)
Birthplace Aalborg, Denmark (City and State or County)
Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at G-P. M. on the date above stated.

(Signature) Elsa Jensen Sister

Bolette Jensen
(Physician or midwife)

Address Weston, Idaho.

Filed Apr 2 1940 Registrar.

(*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

Cover

The following names of this church.

1 Yuba Falls, Ore.

Address Twentyston, Idaho.

2 Martha Lundquist

Address Twentyston, Idaho.

3 E. E. Lundquist

Address Twentyston, Idaho.

STATE OF IDAHO

291101

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED
APR 25 1940

State of Idaho }
County of Bonneville, } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emma Jensen being first duly sworn says that
she is the Sister of Paul Ezra Hansen
(Relationship of child)*
born July 27th. 1898 at Weston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Paul Ezra Hansen
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Boletta Jensen ~~was~~ was the
Midwife
medical attendant at the birth of said Paul Ezra Hansen and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Emma Jensen
P. O. Address Weston, Idaho.

Subscribed and sworn to before me this 2nd day of April, 1940

Thomas Preston
Probate Judge Notary Public
Residing at Preston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 20 1963

RECEIVED
APR 15 1940
STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

291131

1. PLACE OF BIRTH
County of Canyon
City of Emmett
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)
Prime Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mary Leal Parrish

3. Sex <u>female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>6</u>	6. Premature _____ Full term <u>✓</u>	7. Legiti- mate? <u>✓</u>	8. Date of birth <u>Dec 15 1898</u> (Month, Day, Year)
-------------------------	---	--	------------------------------	---

9. Full name FATHER William Whitney Parrish

18. Full maiden name MOTHER Ella Frances Knox

10. Residence (usual place of abode)
(If non-resident, give place and State) Emmett Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Emmett Idaho

11. Color or race white | 12. Age at last birthday 40 (years)

20. Color or race white | 21. Age at last birthday 30 (years)

13. Birthplace (city or place)
(State or Country) _____

22. Birthplace (city or place)
(State or Country) Pay Creek Ada Co. Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house-maker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill & farming

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work 10 years

25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work 10 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric Acid

28. Number of children of this mother (At time of this birth and including this child)
6 (a) Born alive and now living ✓ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Signed) Ella F. Parrish (mother) M.D.
or Mrs. C. Oakes (deceased) Midwife

Address _____

(Date of)

Filed April, 1940

Registrar.

Registrar.



STATE OF IDAHO

291131

DEPARTMENT OF PUBLIC WELFARE DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

RECEIVED
APR 15 1940

State of Idaho
County of Ada

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ella F. Parrish being first duly sworn says that
is the mother of Mary Leal Parrish
(Relationship of child)*
born Dec 15 - 1898 at Emmett Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho, and affiant further states that the facts contained in the certificate of birth of the said Mary Leal Parrish

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Charles Dukes ~~was~~ was the
Midwife
medical attendant at the birth of said Mary Leal Parrish and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located).

Name of Affiant Ella F. Parrish
P. O. Address Emmett Idaho

Subscribed and sworn to before me this 12th day of April, 1940

Chas. J. Swenson
Notary Public.
Residing at Emmett, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SECRET

CHIEF OF POLICE

the 1990s, the number of people in the world who are under 15 years of age is expected to increase by 1.5 billion (United Nations, 1994). The United Nations also predicts that the number of people aged 65 and over will increase by 1.5 billion in the same period (United Nations, 1994). The United Nations predicts that the number of people aged 65 and over will increase by 1.5 billion in the same period (United Nations, 1994).

THE CLASS

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The *Agrobacterium* strains were grown in the medium containing 100 mg/l of tetracycline. The cell concentration of the strains was adjusted to 10⁸ cells/ml. The cell suspension was mixed with the plant tissue and the transformation efficiency was determined. The results were expressed as the mean \pm SD of three independent experiments. The asterisks indicate the significant difference between the strains at the same concentration of the cell suspension.

[illegible]

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...and the other is the fact that the system is not yet fully operational. The system is not yet fully operational because the system is not yet fully operational.

Country	1950	1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
Japan	7.0	7.5	8.0	8.5	9.0	9.5	10.0	10.5	11.0	11.5	12.0
Germany	10.0	10.5	11.0	11.5	12.0	12.5	13.0	13.5	14.0	14.5	15.0
France	11.0	11.5	12.0	12.5	13.0	13.5	14.0	14.5	15.0	15.5	16.0
Italy	12.0	12.5	13.0	13.5	14.0	14.5	15.0	15.5	16.0	16.5	17.0
Spain	13.0	13.5	14.0	14.5	15.0	15.5	16.0	16.5	17.0	17.5	18.0
Sweden	14.0	14.5	15.0	15.5	16.0	16.5	17.0	17.5	18.0	18.5	19.0
United Kingdom	15.0	15.5	16.0	16.5	17.0	17.5	18.0	18.5	19.0	19.5	20.0
United States	16.0	16.5	17.0	17.5	18.0	18.5	19.0	19.5	20.0	20.5	21.0
Canada	17.0	17.5	18.0	18.5	19.0	19.5	20.0	20.5	21.0	21.5	22.0
Belgium	18.0	18.5	19.0	19.5	20.0	20.5	21.0	21.5	22.0	22.5	23.0
Australia	19.0	19.5	20.0	20.5	21.0	21.5	22.0	22.5	23.0	23.5	24.0
South Korea	20.0	20.5	21.0	21.5	22.0	22.5	23.0	23.5	24.0	24.5	25.0
China	21.0	21.5	22.0	22.5	23.0	23.5	24.0	24.5	25.0	25.5	26.0
India	22.0	22.5	23.0	23.5	24.0	24.5	25.0	25.5	26.0	26.5	27.0
Indonesia	23.0	23.5	24.0	24.5	25.0	25.5	26.0	26.5	27.0	27.5	28.0
Brazil	24.0	24.5	25.0	25.5	26.0	26.5	27.0	27.5	28.0	28.5	29.0
Argentina	25.0	25.5	26.0	26.5	27.0	27.5	28.0	28.5	29.0	29.5	30.0
Colombia	26.0	26.5	27.0	27.5	28.0	28.5	29.0	29.5	30.0	30.5	31.0
Venezuela	27.0	27.5	28.0	28.5	29.0	29.5	30.0	30.5	31.0	31.5	32.0
South Africa	28.0	28.5	29.0	29.5	30.0	30.5	31.0	31.5	32.0	32.5	33.0
Uganda	29.0	29.5	30.0	30.5	31.0	31.5	32.0	32.5	33.0	33.5	34.0
Kenya	30.0	30.5	31.0	31.5	32.0	32.5	33.0	33.5	34.0	34.5	35.0
Malawi	31.0	31.5	32.0	32.5	33.0	33.5	34.0	34.5	35.0	35.5	36.0
Zambia	32.0	32.5	33.0	33.5	34.0	34.5	35.0	35.5	36.0	36.5	37.0
Botswana	33.0	33.5	34.0	34.5	35.0	35.5	36.0	36.5	37.0	37.5	38.0
Swaziland	34.0	34.5	35.0	35.5	36.0	36.5	37.0	37.5	38.0	38.5	39.0
Lesotho	35.0	35.5	36.0	36.5	37.0	37.5	38.0	38.5	39.0	39.5	40.0
Sierra Leone	36.0	36.5	37.0	37.5	38.0	38.5	39.0	39.5	40.0	40.5	41.0
Liberia	37.0	37.5	38.0	38.5	39.0	39.5	40.0	40.5	41.0	41.5	42.0
Ivory Coast	38.0	38.5	39.0	39.5	40.0	40.5	41.0	41.5	42.0	42.5	43.0
Ghana	39.0	39.5	40.0	40.5	41.0	41.5	42.0	42.5	43.0	4	

(continued)

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Journal of Management Education 36(7) 809–824

159-106029-962

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

292253

CERTIFICATE OF BIRTH 292253

1. PLACE OF BIRTH
County of Salah
City of Freese
No. 208 St.

RECEIVED

MAY 6 1940

Registration District No. 208 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 24

2. FULL NAME OF CHILD Elmer Raymond Jeremiah

3. Sex Male 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? yes 8. Date of birth March 6, 1938 (Month, Day, Year)

9. Full name FATHER James William Jeremiah

10. Residence (usual place of abode) (If non-resident, give place and State) Freese, Ida

11. Color or race W 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Henry Co. Mo

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work Present, 1938 17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at _____ m. on the date above stated. (Born Alive or Stillborn)

(Signed) Mother's affidavit, M. D.

or _____, Midwife

Address _____

Filed May 4, 1940 Wm F C Gibson

Registrar.

Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

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AFFIDAVIT OF BIRTH

RECEIVED
MAY 6 1940

292253

STATE OF WASHINGTON)
COUNTY OF SPOKANE) ss.

Mrs. Lilly M. Jeremiah, being first duly sworn, deposes and says:

On the 6th day of March, 1898, a male child was legitimately born to me, who bears the full name of Elmer Raymond Jeremiah, the place of birth being the County of Latah, Post Office address of Freese, State of Idaho.

The father of said child was James William Jeremiah, residing in Latah County, Idaho, at the date of said birth. Said father was 31 years of age at the above date of birth, of the white race, employed as a farmer at said date. His birthplace was in Henry County, Missouri.

My full maiden name was Lilly May Ross. I was born in Coyville, Wilson County, State of Kansas, of the white race, and was 22 years of age at the date of birth of the aforesaid child. My occupation at the time said child was born was housewife.

At the date of birth of the aforesaid child, I was the mother (including this child) of three children./Four children are now living.

Lilly M. Jeremiah

617 1/2 N. Monroe Street
Spokane, Washington

Subscribed and sworn to before me, a Notary Public in and for said county and state this 27 day of April, 1940.

William
Notary Public in and for the State of Washington, residing at Spokane, Wash.

My commission expires Mar. 13, 1942

MAR 14 1940

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

292-14 003-796

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 28 1940

CERTIFICATE OF BIRTH

293373

1. PLACE OF BIRTH
County of Pannock
City of Pocatello
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jean Nesbit Bistline

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legiti- mate? <u>✓</u>	8. Date of birth <u>Mar 14</u> , <u>1898</u> (Month, Day, Year)
		5. Number, in order of birth. _____	Full term. <u>✓</u>		

9. Full name <u>Joseph Balser Bistline</u>	FATHER	18. Full maiden name <u>Grace Trays</u>	MOTHER
---	--------	--	--------

10. Residence (usual place of abode) (If non-resident, give place and State) <u>Pocatello</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Pocatello</u>
--	--

11. Color or race <u>White</u>	12. Age at last birthday <u>36</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>38</u> (years)
--------------------------------	--	--------------------------------	--

13. Birthplace (city or place) (State or Country) <u>Andersonburg Pennsylvania</u>	22. Birthplace (city or place) (State or Country) <u>Perry Ohio</u>
---	--

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>
--	---

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Railroad Shop</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
---	--

16. Date (month and year) last engaged in this work <u>1890</u> <u>40</u>	17. Total time (years) spent in this work <u>2 years</u>	25. Date (month and year) last engaged in this work <u>April 10</u> , <u>1898</u>	26. Total time (years) spent in this work <u>10 years</u>
--	---	---	--

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not known

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor During labor
--	----------------------	-------------------------------	--------------------------------

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE FATHER

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) Joseph Balser Bistline FATHER
M.D.

or _____ Midwife

Address Pocatello Idaho

Filed May, 1940

Registrar.

Registrar.

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of) _____

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.
OFFICE OF THE CHIEF OF BUREAU

TO THE CHIEF OF BUREAU
FROM THE CHIEF OF BUREAU
SUBJECT: [Illegible]
[Illegible text follows, consisting of several paragraphs of a memorandum format. The text is extremely faint and largely illegible due to the quality of the scan. It appears to be a standard memorandum with a subject line, a 'TO' line, a 'FROM' line, and several paragraphs of body text. The text is oriented vertically on the page.]

STATE OF IDAHO

293373

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

MAY 28 1940

State of Idaho }
County of Bannock } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Joseph B. Bistine being first duly sworn/says that
is the father of Jeann Nesbit Bistine
(Relationship of child)*
born March 14, 1898 at Locateello, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jeann Nesbit Bistine
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. J. H. Beeg M. D. was the
medical attendant at the birth of said Jeann Nesbit Bistine Midwife
the said medical attendant is deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Joseph Walser Bistine FATHER
P. O. Address Locateello, Idaho

Subscribed and sworn to before me this 27 day of May, 1940.

Chas. L. Colman
Notary Public.
Residing at Locateello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1965

DEC 3 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of move than one child at birth a Separate Return must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d' Alene
No. (Old Fort Sherman) St.
413130028 755

RECEIVED
JUN 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 293484

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Joseph Daly

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term Yes mate? Yes 8. Date of birth June 30, 1898
(Month, Day, Year)

9. Full name FATHER
William J. Daly

10. Residence (usual place of abode)
(If non-resident, give place and State) U.S. Army

11. Color or race White 12. Age at last birthday 45 (years)

13. Birthplace (city or place)
(State or Country) Cork
Ireland

14. Trade, profession, or particular
kind of work done, as spinner, Soldier
sawyer, bookkeeper, etc.

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

16. Date (month and year)
last engaged in this work
Then so engaged, 19 17. Total time (years) spent
in this work 25

18. Full name MOTHER
maiden Annie Peel

19. Residence (usual place of abode)
(If non-resident, give place and State) Vancouver,
Washington

20. Color or race White 21. Age at last birthday 34 (years)

22. Birthplace (city or place)
(State or Country) Colville
Washington

23. Trade, profession, or particular kind
of work done, as housekeeper, Housewife
typist, nurse, clerk, etc.

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

25. Date (month and year)
last engaged in this work
Then so engaged, 19 26. Total time (years) spent
in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child)
Two (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, { months { Before labor.
period of gestation { or weeks { During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 9 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report.

(Date of)

(Signed) Annie Peel Daly M. D.

or Mother Mother

Address _____

Filed June 8, 1940

Registrar.

Registrar.

1961

APR 6 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

293484

State of Washington

County of Jefferson

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Annie Peel Daly

being first duly sworn says that

she

is the

mother

of

William Joseph Daly

(Relationship of child)*

born June 30th, 1898

at

Coeur d' Alene

, Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that

she

desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-

cate of birth of the said

William Joseph Daly

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Louis Brishmen (Major, Medical Corps

M. D., was the ~~Midwife~~

U.S. Army)

medical attendant at the birth of said

William Joseph Daly

and that

the said medical attendant is

deceased

(Now deceased (or) cannot be located)

Name of Affiant

Annie Peel Daly

P. O. Address

Port Townsend, Washington

Subscribed and sworn to before me this

11th

day of

June

, 1940

A. G. Sarchet

Notary Public.

Residing at

Port Townsend, Washington, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

27-1-1949

MAY 3

MAY 3 1961

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each in order of birth stated.

1. A 964-208-044-439
PLACE OF BIRTH
County of Washington
City of Weiser
No. E Main St.

RECEIVED
JUN 4 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

293555

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Adelia Lettie Routson

3. Sex F If plural births { 4. Twin, triplet, or other single 6. Premature _____ 7. Legitimate? yes 8. Date of birth Oct. 8th., 193
5. Number, in order of birth _____ Full term yes (Month, Day, Year)

9. Full name FATHER John Washington Routson 18. Full maiden name MOTHER Lettie Clementine McRoberts

10. Residence (usual place of abode) Weiser 19. Residence (usual place of abode) Weiser
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 25 (years) 20. Color or race W 21. Age at last birthday 20 (years)

13. Birthplace (city or place) Lewistown, Ill. 22. Birthplace (city or place) Midvale, Idaho
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. none, farming. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home

16. Date (month and year) last engaged in this work Oct., 1928 17. Total time (years) spent in this work 9 OCCUPATION 25. Date (month and year) last engaged in this work Oct., 1928 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother one (At time of this birth and including this child) two
(a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth unknown { During labor _____ Before labor before

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed _____, 193

Registrar.

DELAYED

STATE OF IDAHO

293558

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 4 1940

State of IdahoCounty of Washington

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lettie Routson

being first duly sworn says that

she is the Mother of Adelia Lettie Routson

(Relationship of child)*

born October 8th, 1898

(Date of birth)

at Weiser

Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Adelia Lettie Routsonhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that none

M. D., was the Midwife

medical attendant at the birth of said Adelia Lettie Routson

and that

the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Lettie RoutsonP. O. Address Weiser, IdahoSubscribed and sworn to before me this 1st day of June, 1940

Notary Public.

Residing at Weiser, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100-1000

100-1000

100-1000

100-1000

100-1000

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County of <u>Blaine</u> City of <u>Bellevue</u> No. <u>295-207007-415</u> St. <u>Idaho</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH		294604
(If born in hospital or institution give name.)		Registration District No. _____ State File No. _____ Prim. Registration District No. _____ Local Registrar's No. _____		
2. FULL NAME OF CHILD <u>EDYTHE DAVIES BRESHEARS</u>				
3. Sex Female	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth <u>3rd</u>	6. Premature..... Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 9, 1898</u> ¹⁸⁹⁸ (Month, Day, Year)
9. Full name <u>WESLEY FLETCHER BRESHEARS</u> FATHER		18. Full maiden name <u>ELIZABETH ANNA DAVIES</u> MOTHER		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Bellevue, Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Bellevue, Idaho</u>		
11. Color or race <u>white</u>		20. Color or race <u>white</u>		
12. Age at last birthday <u>30</u> (years)		21. Age at last birthday <u>24</u> (years)		
13. Birthplace (city or place) (State or Country) <u>near Joplin, Missouri</u>		22. Birthplace (city or place) (State or Country) <u>Wales</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mining & pool hall</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>"</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>"</u>	
	16. Date (month and year) last engaged in this work <u>During 23, 19</u>		17. Total time (years) spent in this work <u>Do not know</u>	25. Date (month and year) last engaged in this work <u>all time, 19</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>NC</u>				
28. Number of children of this mother (At time of this birth and including this child) <u>THREE</u> (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....				
29. If stillborn, period of gestation <u>None</u> { months or weeks		30. Cause of Stillbirth { During labor..... Before labor.....		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
I hereby certify that I attended the birth of this child, who was <u>alive</u> at..... m. on the date above stated. (Born Alive or Stillborn)				
When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of).....		(Signed) <u>Elizabeth A. Breshears</u> MOTHER <u>- M - D</u> or....., Midwife Address..... Filed <u>June</u> , 19 <u>10</u> Registrar.		

Registrar.

DELAYED

STATE OF IDAHO

294604

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

JUN 27 1940

Washington

State of.....

County of King.....

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ELIZABETH A. BRESHEARS

.....being first duly sworn says that

.....is the mother of EDYTHE DAVIES BRESHEARS
(Relationship of child)*

born June 9, 1898 at BELLEVUE, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said EDYTHE DAVIES BRESHEARS

.....hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that HER MOTHER- MARY DAVIES, M. D., was the midwife medical attendant at the birth of said EDYTHE DAVIES BRESHEARS and that the said medical attendant is DECEASED

(Now deceased (or) cannot be located)

Name of Affiant Elizabeth A Breshears

P. O. Address 206 West 87th st., Seattle, Wash

Subscribed and sworn to before me this 20th day of June, 1940

Sallie R. Thumert

Notary Public.

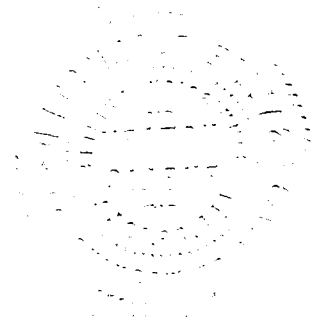
Seattle

Residing at Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

107-48

JAN 22 1962



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada A915-101-001-249
City of Boise
No. 1407 Grove St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 294628
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Theo William Randall Jr.

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth 2/1, 1898
(Month, Day, Year)

9. Full name Theo William Randall
10. Residence (usual place of abode)
(If non-resident, give place and State) Boise Idaho

11. Color or race W 12. Age at last birthday 6 1/2 (years)

13. Birthplace (city or place) Bath England
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. A.F. & A.M.

16. Date (month and year) last engaged in this work At present time
17. Total time (years) spent in this work 5 years

18. Full maiden name Mary Jane Smith
19. Residence (usual place of abode)
(If non-resident, give place and State) Boise Idaho

20. Color or race W 21. Age at last birthday 38 (years)

22. Birthplace (city or place) Bath England
(State or Country)

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work 2/1, 1898
26. Total time (years) spent in this work 14 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed June, 1940

Registrar.

DELANED

STATE OF IDAHO

294628

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 25 1910

State of CaliforniaCounty of Alameda

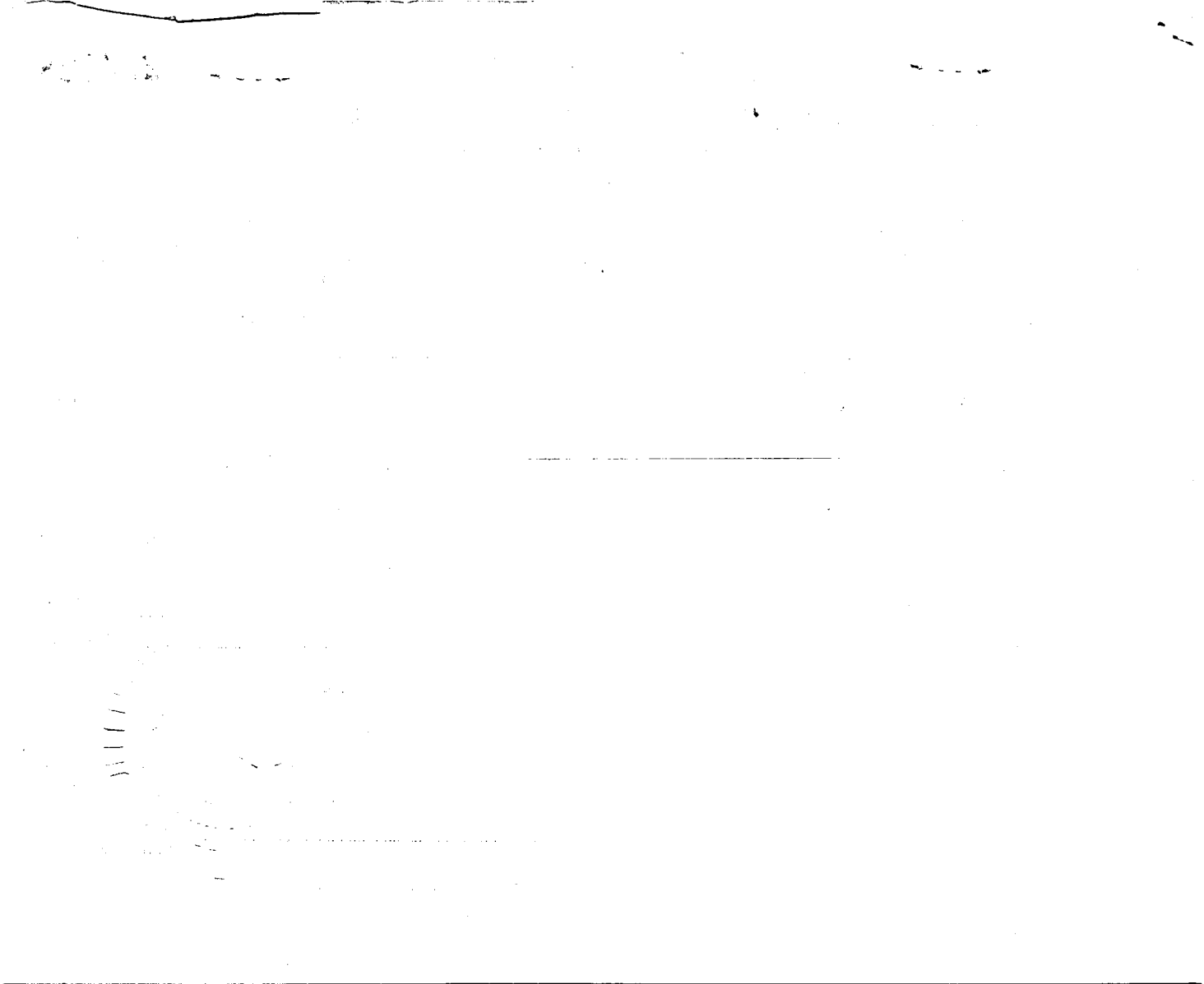
AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Louise Randall Nease, being first duly sworn says thatshe is the sister of Theo William Randall
(Relationship of child)*born Feb. 1 - 1898 (1898) at Boise Idaho, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139-1037 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Theo William Randallhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that Dr. George Collier, M. D., was theMidwifemedical attendant at the birth of said Theo William Randall and thatthe said medical attendant is now deceased
(Now deceased, or, cannot be located)Name of Affiant Louise Randall NeaseP. O. Address 59 Alvarado Rd. Berkeley CalSubscribed and sworn to before me this 24th day of June, 1910Robert Martin
Notary Public.Residing at Berkeley Cal, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



A465 702-036-819

294758

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 8 '40

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Oneida
City of Preston
No. _____ St. _____Registration District No. 340 State File No. 294758

(If born in hospital or institution give name.)

Prim. Registration District No. 219 Local Registrar's No. 1642. FULL NAME OF CHILD William Alfonso Monson

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>X</u>	7. Legiti- mate? <u>X</u>	8. Date of birth <u>June 2</u> , 19 <u>34</u> (Month, Day, Year)
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9. Full name Hans Monson FATHER18. Full maiden name Esther Ellen Harris MOTHER10. Residence (usual place of abode)
(If non-resident, give place and State) Preston19. Residence (usual place of abode)
(If non-resident, give place and State) Same11. Color or race W | 12. Age at last birthday 32 (years)20. Color or race W | 21. Age at last birthday 27 (years)13. Birthplace (city or place) Richmond Utah
(State or Country)22. Birthplace (city or place) Kaysville Utah
(State or Country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FarmerOCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2: A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) _____, M. D.

or _____, Midwife

Give name added from supplemental report _____

Address _____

(Date of) _____

Filed July 5, 1934 G. W. Stiles Registrar.

Registrar.

1000

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294758

State of Idaho
County of Franklin

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Esther E. Monson being first duly sworn says that
she is the mother of William Alfonso Monson
(Relationship of child)*
born June 2 - 1998 at Preston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said William Alfonso Monson

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Fannie Davis Swanson ~~M.D.~~ was the
medical attendant at the birth of said William Alfonso Monson Midwife
the said medical attendant is deceased and that
(Now deceased (or) cannot be located)

Name of Affiant brother to Monson
P. O. Address Preston, Idaho

Subscribed and sworn to before me this 5 day of July, 1940

Ben E. Johnson
Notary Public.

Residing at Preston, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1871

1872

2535121029 263

1. PLACE OF BIRTH (5940) STATE OF IDAHO 294767
 County of Latah DEPARTMENT OF PUBLIC WELFARE
 City of Boulder Creek (in new Park) BUREAU OF VITAL STATISTICS 294767
 No. _____ St. _____
 Registration District No. _____ State File No. _____

If born in hospital or institution give name.) - Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Clifford Setlow

3. Sex male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
 births { 5. Number, in order of birth _____ Full term ✓ mate? yes 8. Date of
Aug 21, 1938
 (Month, Day, Year)

9. Full name FATHER Andrew Setlow 18. Full maiden name MOTHER Bertha Balander
 10. Residence (usual place of abode) Boulder Creek 19. Residence (usual place of abode) _____
 (If non-resident, give place and State) _____ 20. Color or race white 21. Age at last birthday 36 (years)
 11. Color or race white 12. Age at last birthday 42 (years)
 22. Birthplace (city or place) Sweden (State or Country) _____
 13. Birthplace (city or place) Sweden (State or Country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
 16. Date (month and year) last engaged in this work 8-21-1928 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work 8-21-98 19 _____ 26. Total time (years) spent in this work 14

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
 28. Number of children of this mother (At time of this birth and including this child) 4
 (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____
 29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:10 p.m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X Mrs. Bertha Setlow

or _____, Midwife

Give name added from a supplemental report _____

Address _____

Filed _____, 1938 _____

(Date of)

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294767

JUL 6 1940

State of Idaho

County of Benewah

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bertha Setlow being first duly sworn says that
she is the mother of John Clifford Setlow
(Relationship of child)*

born 8-21-98 at Boulder Creek Idaho,
(Date of birth) (now Park, Ida)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 159—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Clifford Setlow

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs J. Ellaberg M.D. was the
medical attendant at the birth of said John Clifford Setlow Midwife
the said medical attendant cannot be located and that
(Now deceased (or) cannot be located)

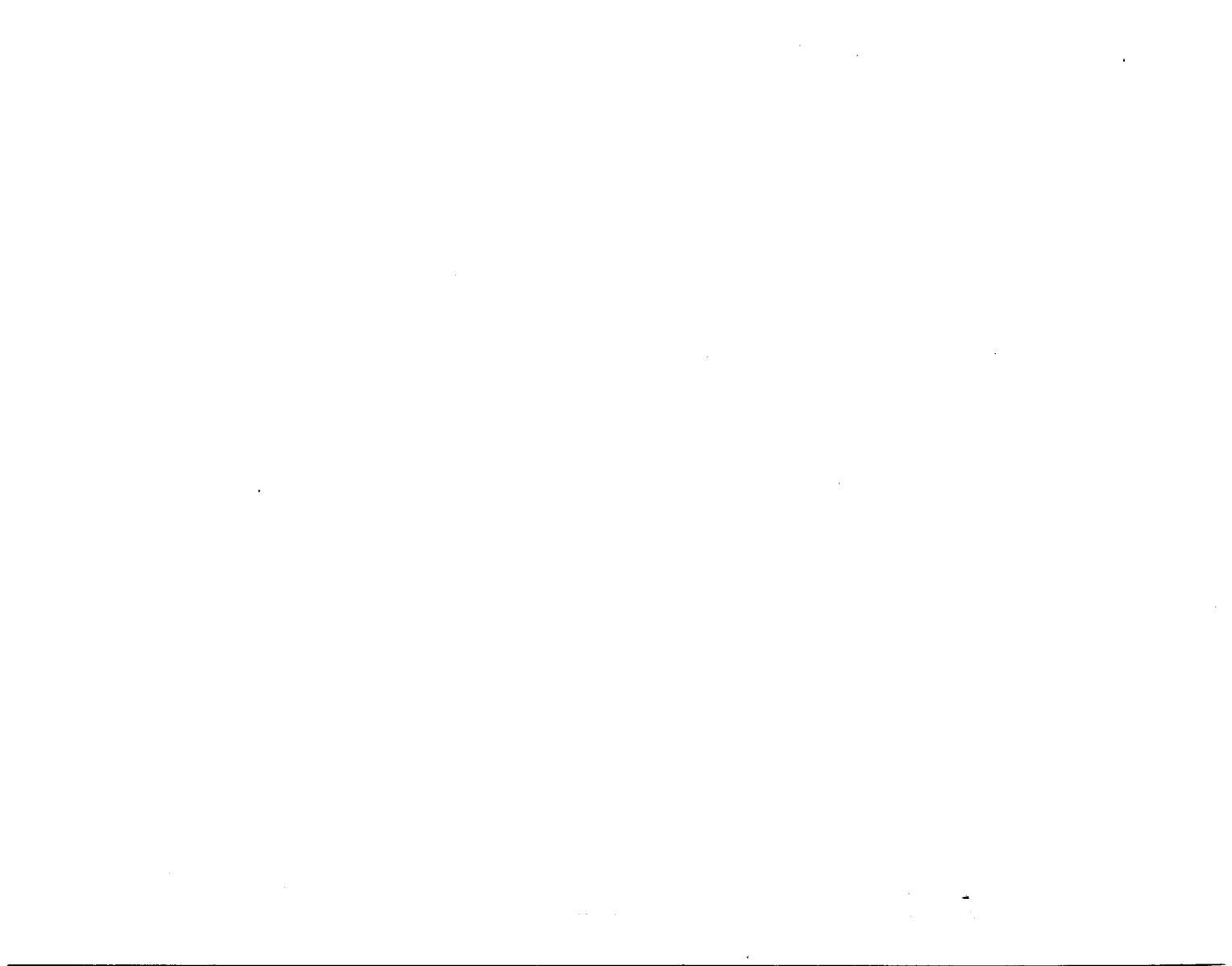
Name of Affiant Mrs Bertha Setlow

P. O. Address Lewiston, Idaho

Subscribed and sworn to before me this 5 day of July 19 40

John L. Phillips
Notary Public.
Residing at Lewiston, Ida, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

619 728 031-263 494803

1. PLACE OF BIRTH
County of Lewis
City of Ila (new Cragmont) RECEIVED
No. _____ St. _____
JUL 11 1940
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD William Gwyn Wamsley

3. Sex <u>M</u>	If plural births {	4. Twin, triplet, or other _____	5. Number, in order of birth _____	6. Premature _____	7. Legitimate? <u>X</u>	8. Date of birth <u>1/28/1898</u> (Month, Day, Year)
-----------------	--------------------	----------------------------------	------------------------------------	--------------------	-------------------------	---

9. Full name <u>FATHER</u> <u>Samuel C. Wamsley</u>	18. Full maiden name <u>MOTHER</u> <u>Nancy E. Bolick</u>
10. Residence (usual place of abode) <u>Ilo, Idaho</u> (If non-resident, give place and State)	19. Residence (usual place of abode) <u>Ilo, Idaho</u> (If non-resident, give place and State)
11. Color or race <u>W</u>	12. Age at last birthday <u>33</u> (years)
13. Birthplace (city or place) <u>Iowa</u> (State or country)	20. Color or race <u>W</u>
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc _____	21. Age at last birthday <u>28</u> (years)
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farming</u>	22. Birthplace (city or place) <u>Burlington</u> (State or country) <u>Iowa</u>
16. Date (month and year) last engaged in this work _____	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
17. Total time (years) spent in this work _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
18. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
19. _____ in this work _____	26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
three (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or May Maddling, Midwife

Address _____

Filed July 5, 1940 Patricia Burke
Deputy Registrar.

NOV 2 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Fullan
No. Idaho St.
A417-176 040-847

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294849

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Pierce Lawrence Daxon

3. Sex Male If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth 1 Full term Yes mate? Yes 8. Date of birth Aug. 16, 1898
(Month, Day, Year)

9. Full name FATHER Deceased
William Daxon 3/6/1931

18. Full maiden name MOTHER
Cora Clementine Hughes

10. Residence (usual place of abode) Fullan, Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Fullan Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 74 (years)

20. Color or race White 21. Age at last birthday 68 (years)

13. Birthplace (city or place) Rock Island 32
(State or Country) Illinois

22. Birthplace (city or place) Witzville 26
(State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Operator

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work June, 15th, 1928

25. Date (month and year) last engaged in this work Feb. 28, 1940

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) One
Five (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, { months or weeks } 30. Cause of Stillbirth ** { Before labor ** During labor ** }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Cora Clementine (Date of 22 Daxon
Registrar.

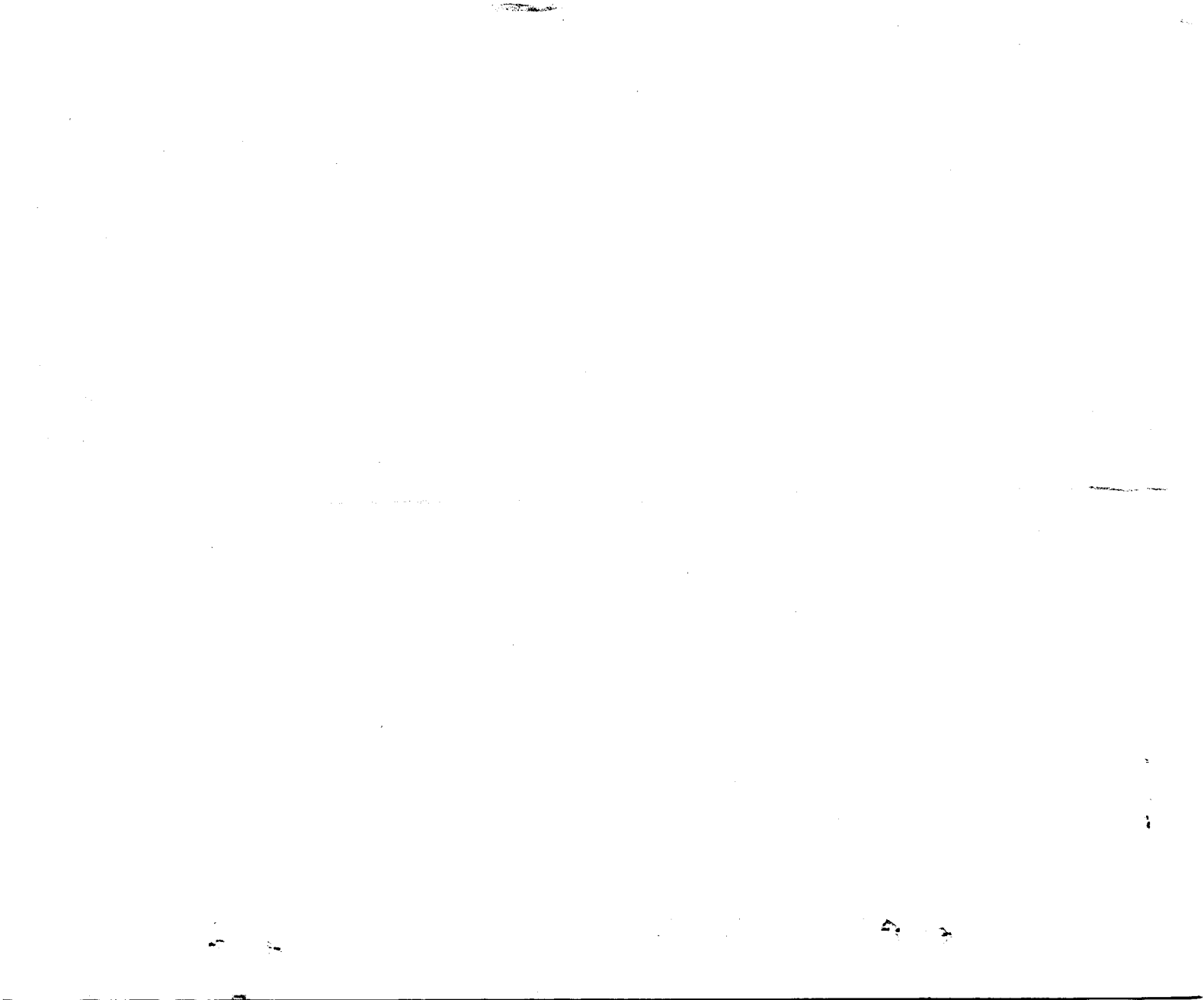
(Signed) Cora, M. D.

or _____, Midwife

Address _____

Filed JULY 1940, 193 _____

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH 294849 BUREAU OF VITAL STATISTICS

State of Idaho (Booth)
County of Shoshone King

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Cora Clementine Daxon being first duly sworn says that

she is the mother of Pierce Lawrence Daxon
(Relationship of child)*

born Aug. 16th. 1898 at Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Pierce Lawrence Daxon

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Daxon, (M.D.) Mrs. Hulkey (Midwife), M. D., was the medical attendant at the birth of said Pierce Lawrence Daxon and that the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

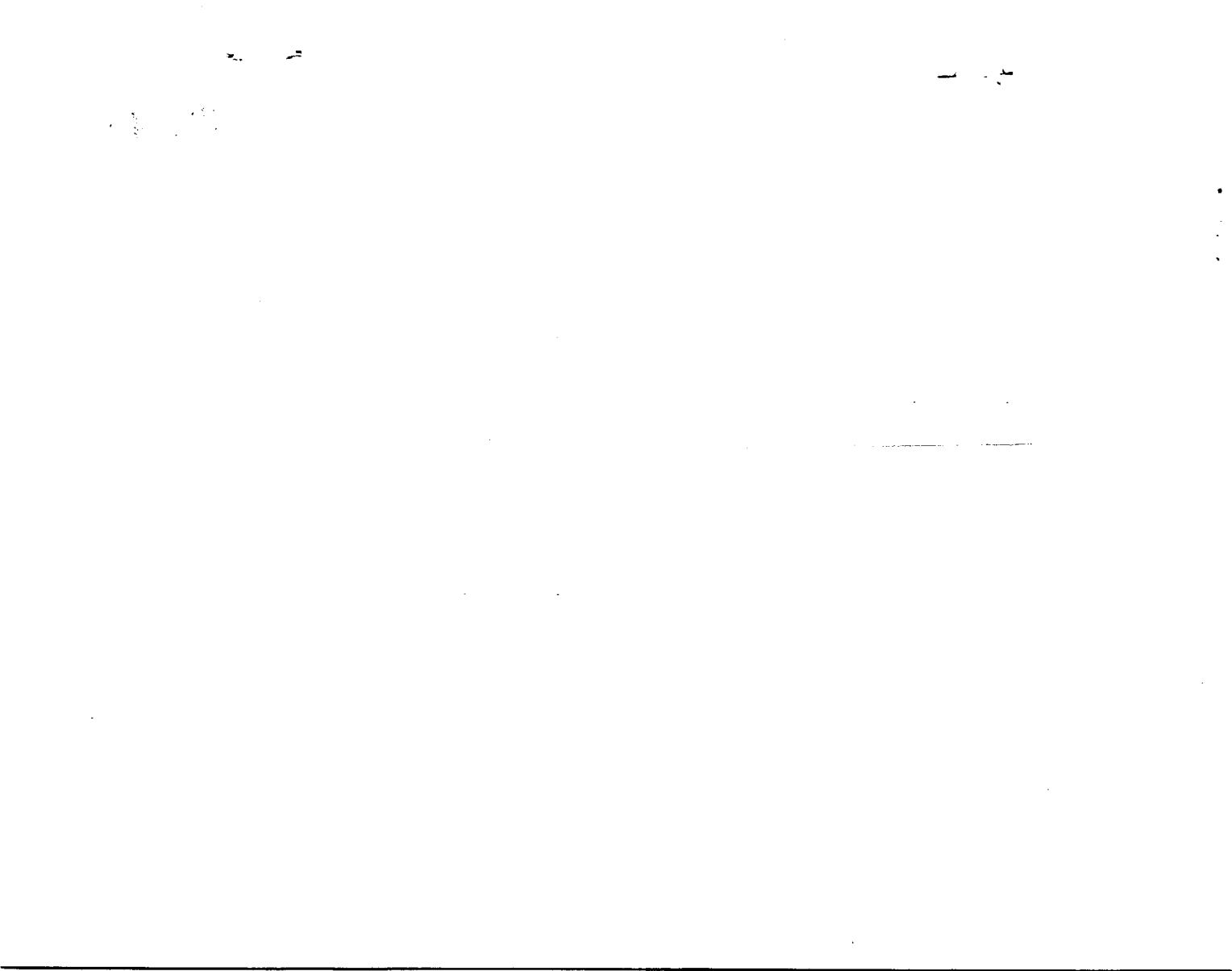
Name of Affiant Cora Clementine Daxon

P. O. Address 2228 2nd Ave. West

Subscribed and sworn to before me this 10th day of July, 1940

Dora L. Syer
Notary Public.
Residing at Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Paice
No. A 294714 001 294 St. 15 1940
(If born in hospital or institution give name.) Prim. Registration District No. _____ State File No. 294856
2. FULL NAME OF CHILD Ernest Hays Kimmell

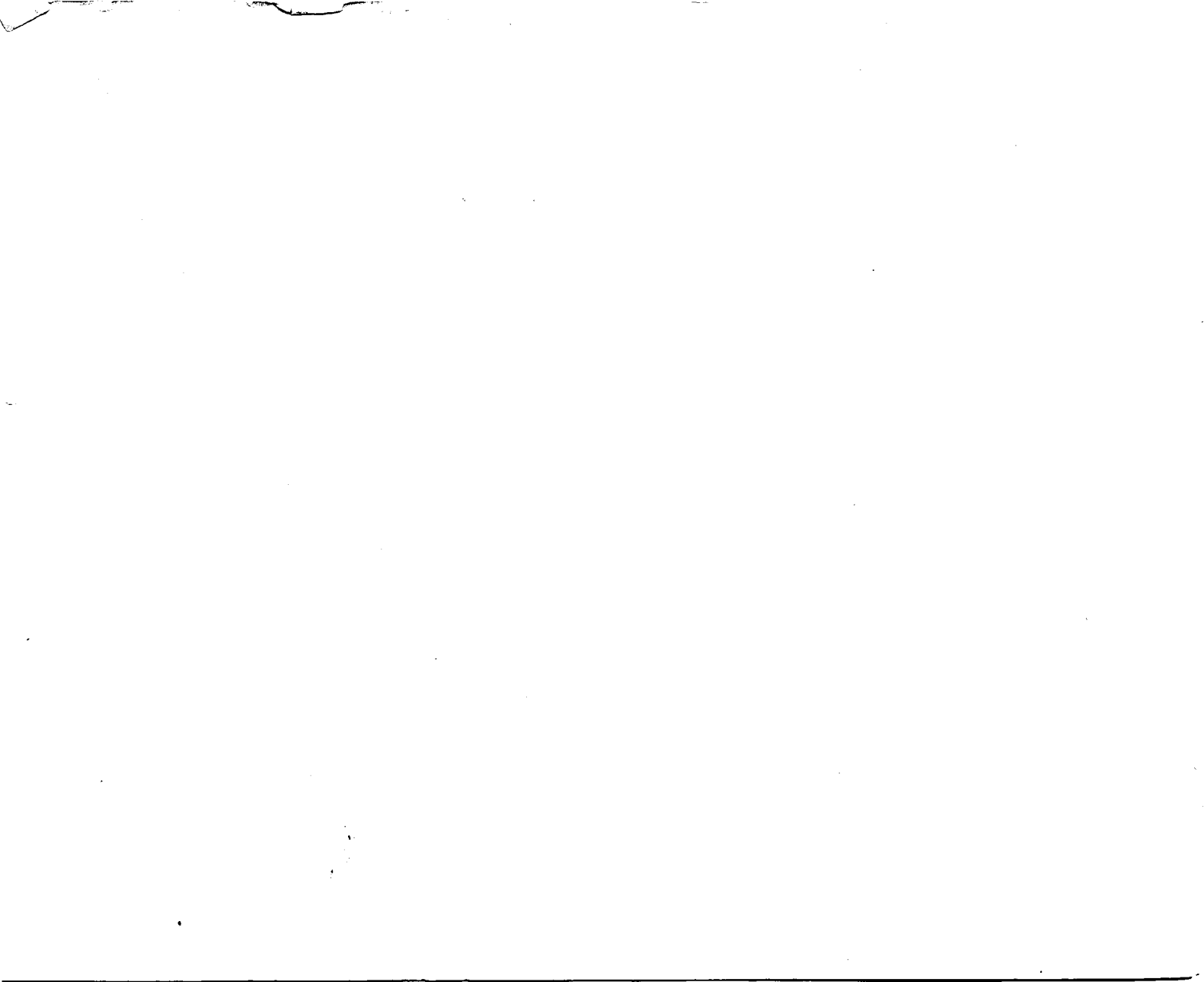
3. Sex male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legiti- mate? Yes 8. Date of birth Feb 14, 1898 (Month, Day, Year)

9. Full name FATHER Albinus Nance Kimmell 10. Residence (usual place of abode) La California (If non-resident, give place and State) La California 11. Color or race white 12. Age at last birthday 32 (years) 13. Birthplace (city or place) Osceola, Neb. (State or Country) 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. S. Sawyer 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Lais Gertrude Brown 19. Residence (usual place of abode) Paice Idaho (If non-resident, give place and State) Paice Idaho 20. Color or race white 21. Age at last birthday 17 (years) 22. Birthplace (city or place) Utah (State or Country) 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____ 28. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. 29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____ (Date of) _____
Registrar. July 15, 1940 Mae G. Atwood Registrar
Bureau of Vital Statistics



STATE OF IDAHO

294856

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

AFFIDAVIT

Eileen Kinnell Lampert being first duly sworn says that
she is the cousin of Everett Ray Kinnell
(Relationship of child)*
born Feb. 14 1898 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that.....desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Everett Ray Kinnell
..... hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

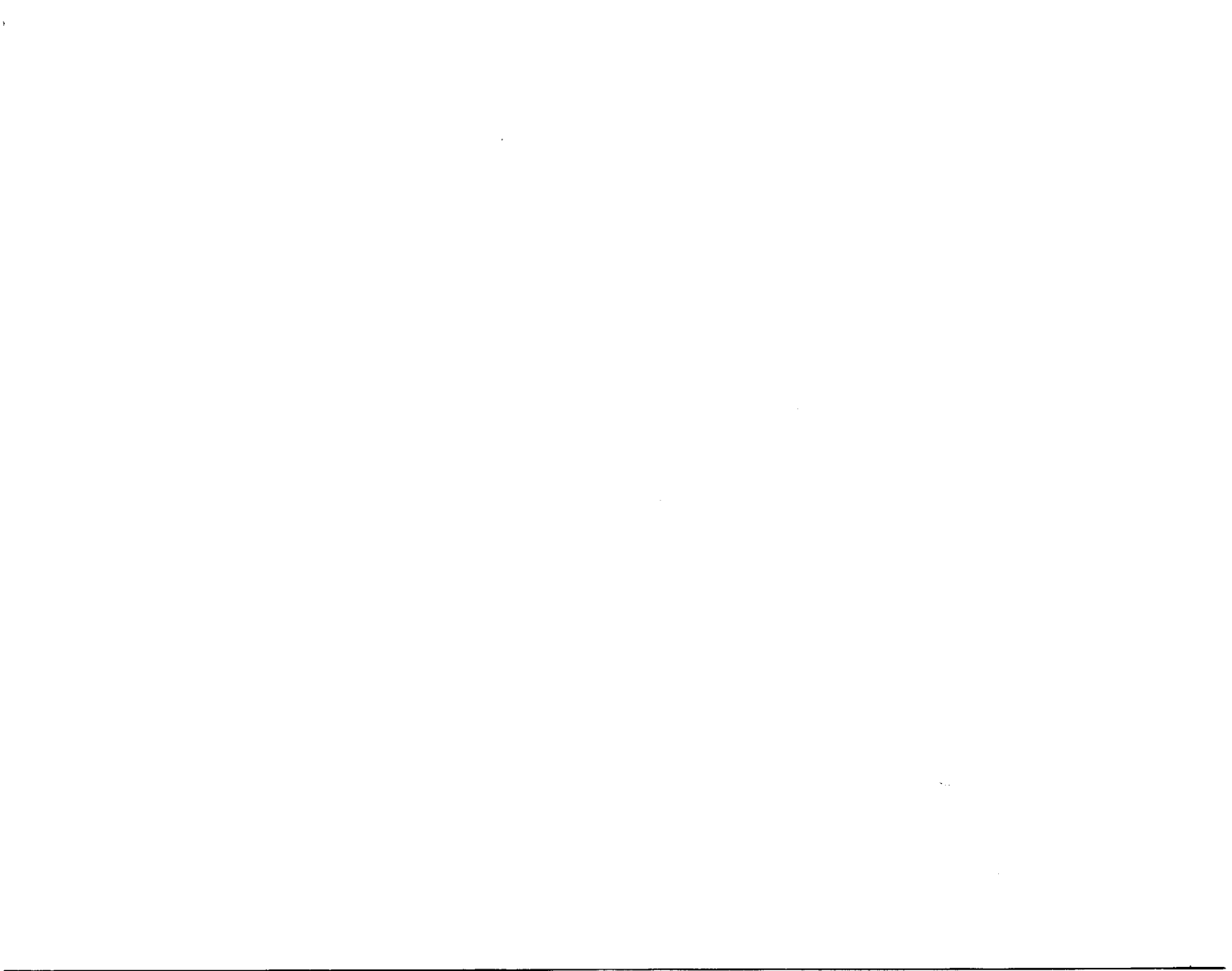
Affiant further states that Dr. Springer, M. D., was the
medical attendant at the birth of said Everett Ray Kinnell ~~Midwife~~
the said medical attendant is deceased and that
(Now deceased (or) cannot be located)

Name of Affiant Eileen Kinnell Lampert
P. O. Address Box 698 - Boise, Idaho

Subscribed and sworn to before me this 15th day of July, 1940

Seeth J. J. J. J. J.
Notary Public,
Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

433-219 029-794

294862

1. PLACE OF BIRTH
County of Latah
City of Rural (Viola)
No. _____ St. _____
Registration District No. 201 State File No. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH **294862**

JUL 15 1919

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 1152

2. FULL NAME OF CHILD Leona Clara Ullery

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legitimate? <u>yes</u>	8. Date of birth <u>November 19 1918</u> (Month, Day, Year)
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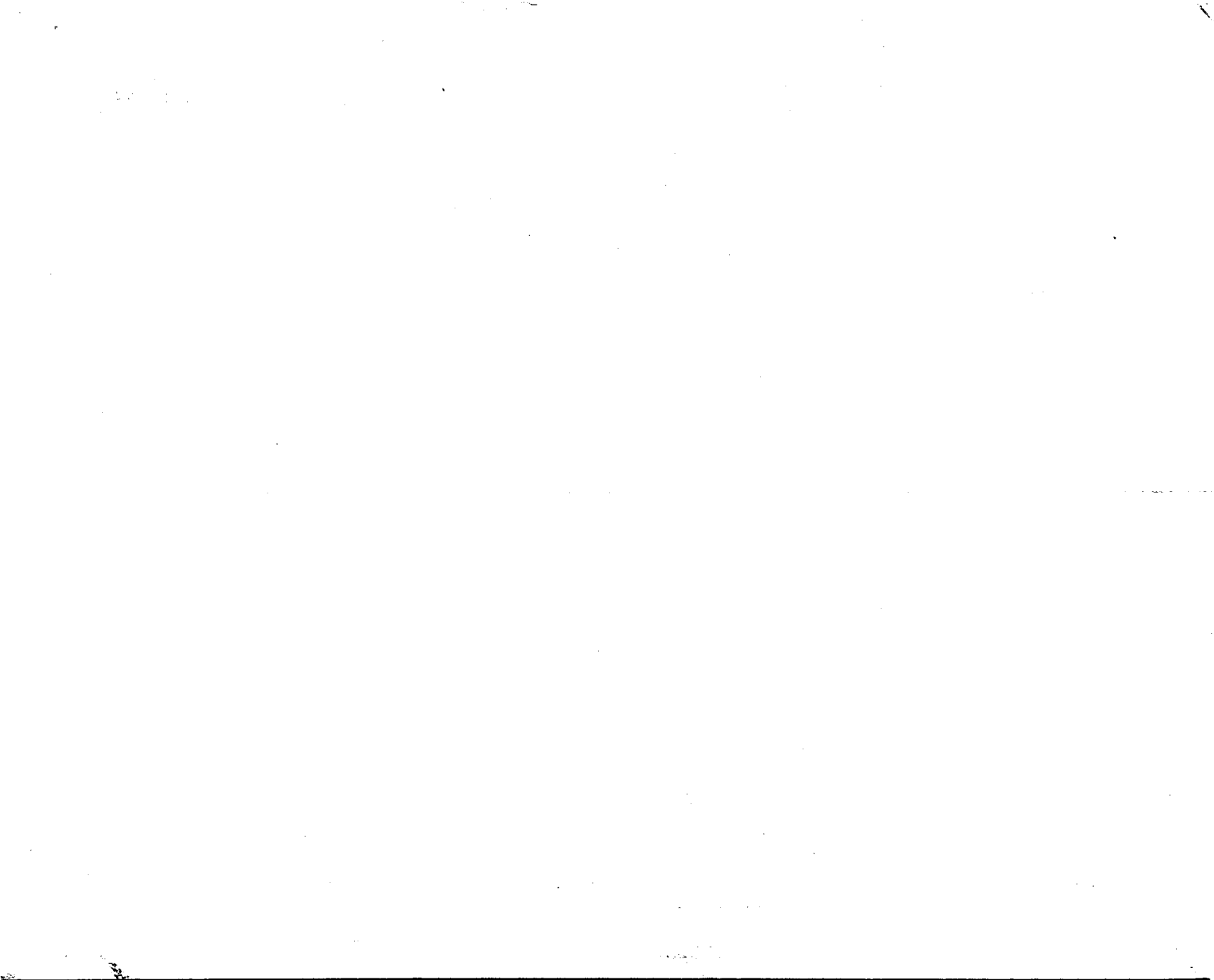
9. Full name FATHER George Ullery
10. Residence (usual place of abode)
(If non-resident, give place and State) Viola, Idaho
11. Color or race White | 12. Age at last birthday 40 (years)
13. Birthplace (city or place)
(State or Country) Junction City Oregon
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm
16. Date (month and year) last engaged in this work Present, 19____
17. Total time (years) spent in this work 20 years

18. Full maiden name MOTHER Minnie Anna Gruenert
19. Residence (usual place of abode)
(If non-resident, give place and State) Viola, Idaho
20. Color or race White | 21. Age at last birthday 21 (years)
22. Birthplace (city or place)
(State or Country) Germany
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Present, 19____
26. Total time (years) spent in this work 4 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks }
30. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 P.m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registered _____
(Signed) _____, M. D.
or Mrs. Ella Parker Midwife
Address (cannot be located)
Filed July 12, 1919 Pray House
Registrar, _____



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

294862

RECEIVED

JUL 15 1940

AFFIDAVIT

State of Washington

County of Whitman

to accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Minnie A. Ullery

being first duly sworn says that

she is the mother

(Relationship of child)*

of

Leona C. Ullery

born November 19, 1898
(Date of birth)

at Viola

Idaho

whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-

cate of birth of the said Leona C. Ruth

as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that

Mrs. Ella Parker

~~XXXX~~ was the
Midwife

medical attendant at the birth of said

Leona C. Ruth

and that

the said medical attendant is cannot be located.

(Now deceased (or) cannot be located)

Name of Affiant

Minnie A. Ullery

P. O. Address

Palouse, Washington

Subscribed and sworn to before me this

12th

day of

July

1940

Robert W. Peterson
Notary Public.

Residing at Moscow

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 18 1964

JUL 8 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Genesee
No. 265131 029-254 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
JUL 10 1940 CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 294871

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Alfred Edmund Swenson

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>May 24th 1898</u> (Month, Day, Year)
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9. Full name FATHER
Nels C. Swenson

10. Residence (usual place of abode)
(If non-resident, give place and State) Genesee, Idaho

11. Color or race white 12. Age at last birthday 38 (years)

13. Birthplace (city or place) Cottonwood County
(State or Country) Minn.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farm helper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work
Oct. 1937, 19____

17. Total time (years) spent

in this work lifetime up to present time to date

18. Full maiden name MOTHER
Mary Knudsen Swenson

19. Residence (usual place of abode)
(If non-resident, give place and State) Genesee, Idaho

20. Color or race white 21. Age at last birthday 22 (years)

22. Birthplace (city or place)
(State or Country) Kansas

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper helper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work

26. Total time (years) spent

in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child)
(3) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Nels C. Swenson (father) Address _____
(Date of) _____

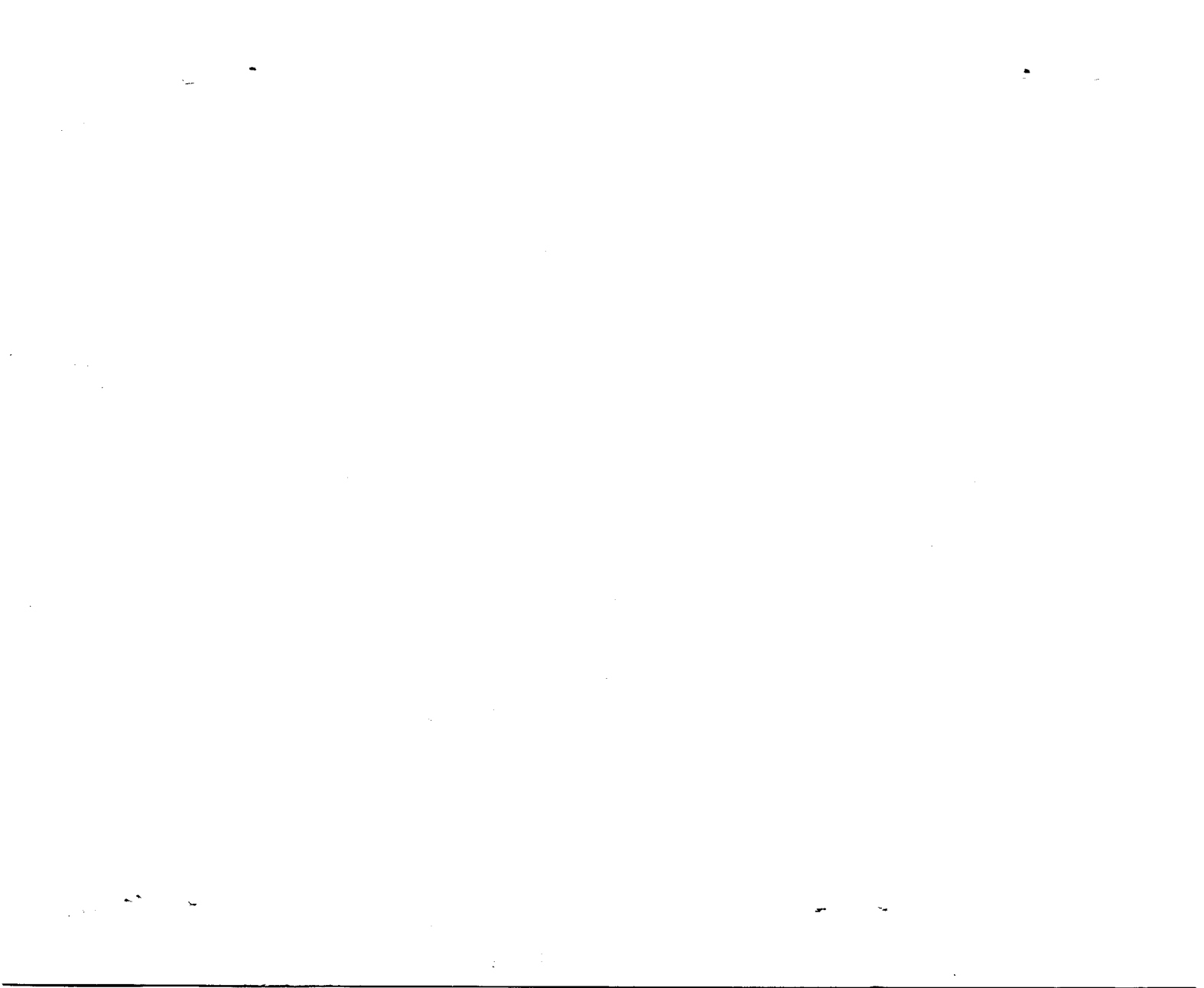
(Signed) _____, M. D.

or _____, Midwife

Registrar.

Filed July 10, 1940 Max S. Ottwood

Bureau of Vital Statistics Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294871

RECEIVED

JUN 10 1940

State of Idaho
County of Latah

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

AFFIDAVIT

Nels C. Swenson being first duly sworn says that
he is the father of Alfred Edmund Swenson
(Relationship of child)*
born May 24th 1898 at Genesee, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Nels C. Swenson desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Alfred Edmund Swenson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

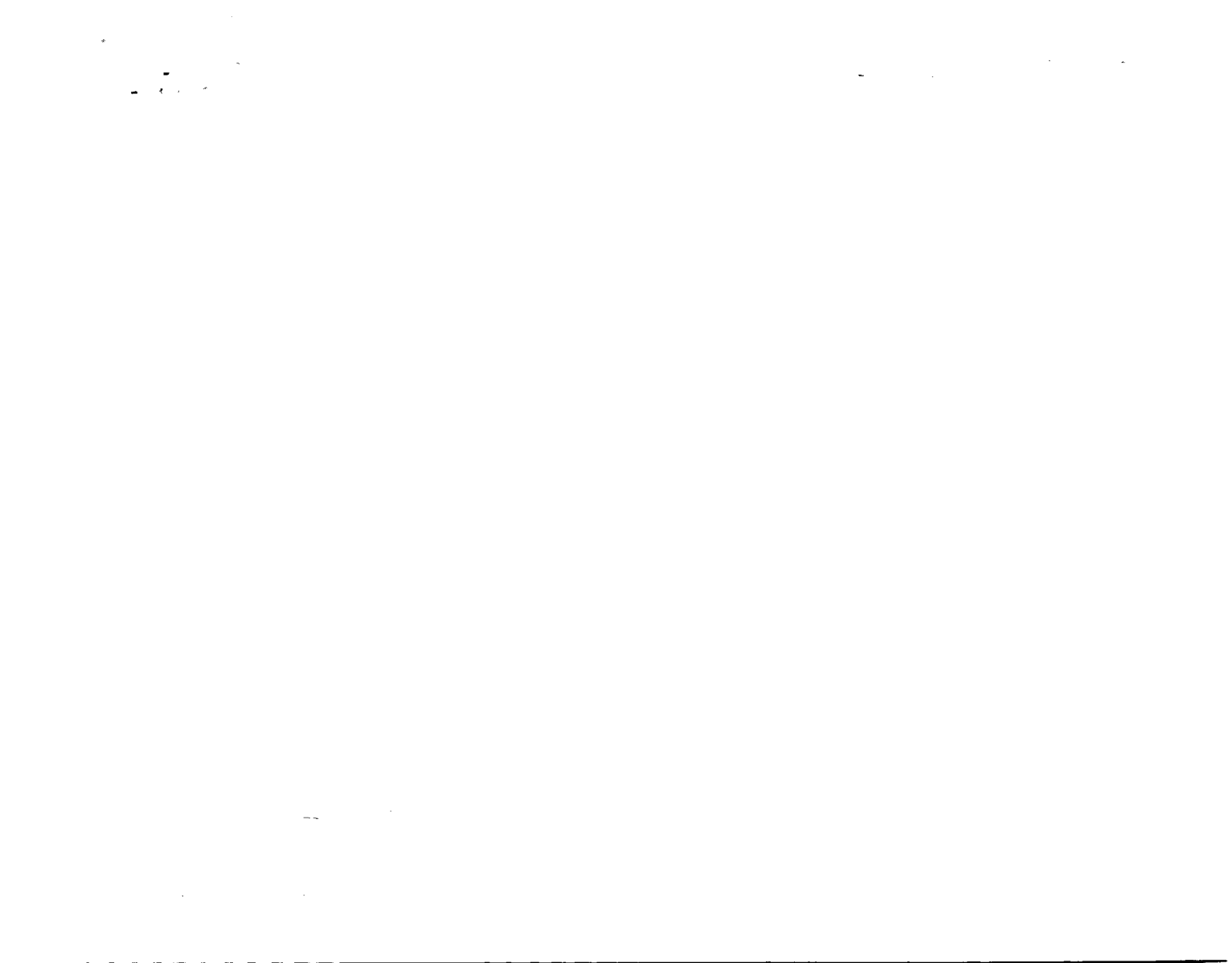
Affiant further states that M. D., was the Midwife
medical attendant at the birth of said and that
the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Nels C. Swenson
P. O. Address Genesee, Idaho.

Subscribed and sworn to before me this 13th day of July, 1940

[Signature]
Notary Public.
Residing at Genesee Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

DEC 20 1940

STATE OF Idaho)
COUNTY OF Latah) SS.

AFFIDAVITS FOR CORRECTION
OF A RECORD

Nels C. Swenson of Genesee, Idaho.

Being first duly sworn, deposes and says that he is the father
(if related, specify degree,

Alfred E. Swenson of Lewiston, Idaho.
if friend or otherwise, so state)

who born in the city of Genesee, County of Latah
(was born, died)

on the 31st day of May 1898, ~~1898~~, as stated in a certificate of birth or

death filed by _____
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of _____, County of _____
Idaho, on the _____ day of _____ 19_____.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: The above date of birth being the correct
date instead of May 24th 1898 as first reported, making subject
42 years of age at last birthday

That affiant upon _____ own knowledge states the true facts to be,
his, her
and the changes necessary to make the record correct are, as follows, _____

(SEAL)

Affiant Nels Swenson
Address Genesee, Idaho.

Subscribed and sworn to before me this 16 day of December 1940

Notary Public

STATE OF Idaho)
COUNTY OF Latah) SS.

Ewert Peterson of Genesee Idaho

being first duly sworn, deposes and says that he has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant Ewert Peterson
Address Genesee, Idaho.

Subscribed and sworn to before me this 16th day of December 1940

(Seal)

Notary Public

APR 24 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH County <u>(Caribou) Bamcock</u> City of <u>Soda Springs</u> No. <u>962911 003 339</u> St. <u>Idaho</u> (If born in hospital or institution give name.) 2. FULL NAME OF CHILD <u>James Le Roy Rosenberg</u>		STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH JUL 17 1940 Registration District No. _____ State File No. <u>294884</u> Prim. Registration District No. <u>744570</u> Local Registrar's No. <u>83</u>		
3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other. <u>--</u> 5. Number, in order of birth. _____	6. Premature. <u>--</u> Full term <u>X</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Nov. 11</u> , 189 <u>8</u> (Month, Day, Year)
9. Full name <u>James Peter Rosenberg</u>		18. Full maiden name <u>Annie E. Clifford</u>		10. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs Idaho</u>
11. Color or race <u>White</u>		12. Age at last birthday <u>40</u> (years)		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Soda Springs Idaho</u>
13. Birthplace (city or place) (State or Country) <u>Westchester New York</u>		20. Color or race <u>White</u>		21. Age at last birthday <u>25</u> (years)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</u>		22. Birthplace (city or place) (State or Country) <u>London England</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>--</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own home</u>		25. Date (month and year) last engaged in this work <u>at present</u> , 19____
16. Date (month and year) last engaged in this work <u>at present</u> , 19____		17. Total time (years) spent in this work <u>20</u>		26. Total time (years) spent in this work <u>8</u>
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>Nitrate of Silver</u>				
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>--</u> (c) Stillborn <u>--</u>				
29. If stillborn, period of gestation <u>--</u> { months or weeks				
30. Cause of Stillbirth <u>--</u> { Before labor <u>--</u> During labor <u>--</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

Registrar.

(Signed) Ellis Kackley, M. D.

or _____, Midwife

Address Soda Springs, Idaho

Filed July 16, 1940 Dr. Russell Tipton
Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 433 222 040-469

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUL 22 1940

CERTIFICATE OF BIRTH

294926

1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. Adia St. St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gladys McCart

3. Sex F	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Oct. 22, 1898</u> (Month, Day, Year)
--------------------	--	--	--------------------------------	--

9. Full name
FATHER

Thomas McCart

10. Residence (usual place of abode)
(If non-resident, give place and State) Wallace, Idaho

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) Tyrone County, Ireland
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner Wallace Steam Laundry

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 4

18. Full maiden name
MOTHER

Bessie Morton

19. Residence (usual place of abode)
(If non-resident, give place and State) Wallace, Idaho

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) River Falls
(State or Country) Wisconsin

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)

1

(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

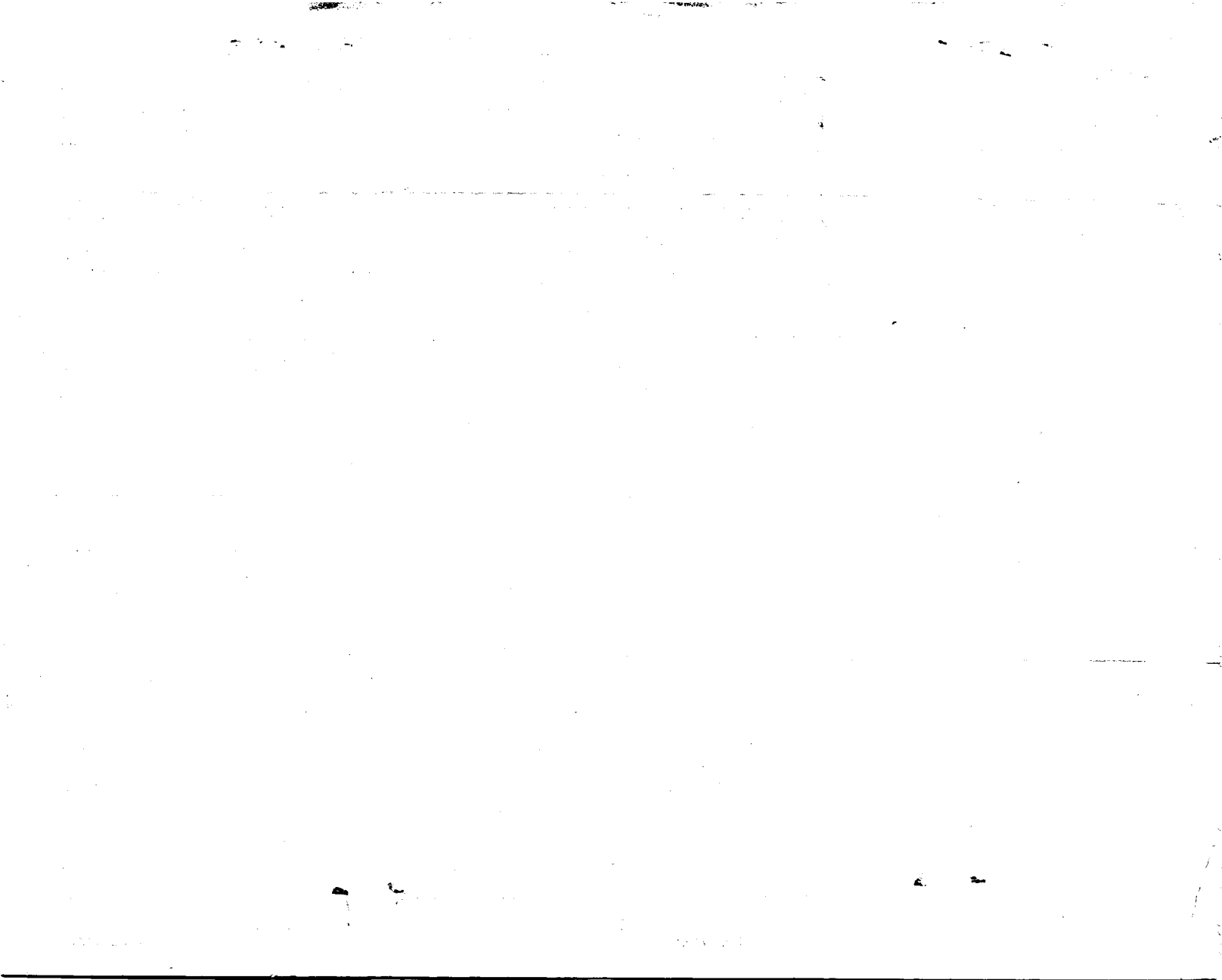
(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed July, 1940

Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

294925

JUL 22 1940

AFFIDAVIT

State of Washington

County of Spokane

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Thomas McCart being first duly sworn says that

he is the father of Gladys McCart
(Relationship of child)*

born October 22, 1898 at Wallace, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Gladys McCart

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. McGee M. D. was the ~~midwife~~ medical attendant at the birth of said Gladys McCart and that the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Thomas McCart

P. O. Address Spokane, Wash.

Subscribed and sworn to before me this 19th day of July, 1940

James C. Barkin
Notary Public.
Residing at Spokane, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 28 1966
SEP 21 1950

OCT 18 1966

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

413-231029 255

1. PLACE OF BIRTH
County of Latah
City of Village of Viola
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED

CERTIFICATE OF BIRTH

294963

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clara Belle Ellis (born Clara Belle Matheny)

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth May 31, 1898 (Month, Day, Year)

9. Full name FATHER Charles Nelson Matheny 18. Full maiden name MOTHER Hattie Idella Keeney

10. Residence (usual place of abode) Tekoa, Wash. 19. Residence (usual place of abode) 221 W. 5th St. (If non-resident, give place and State) Seokano, Wn.

11. Color or race White 12. Age at last birthday 72 (years) 20. Color or race White 21. Age at last birthday 61 (years)

13. Birthplace (city or place) Oregon 22. Birthplace (city or place) Benton County (State or Country) Arkansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother 4 (At time of this birth and including this child) one
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

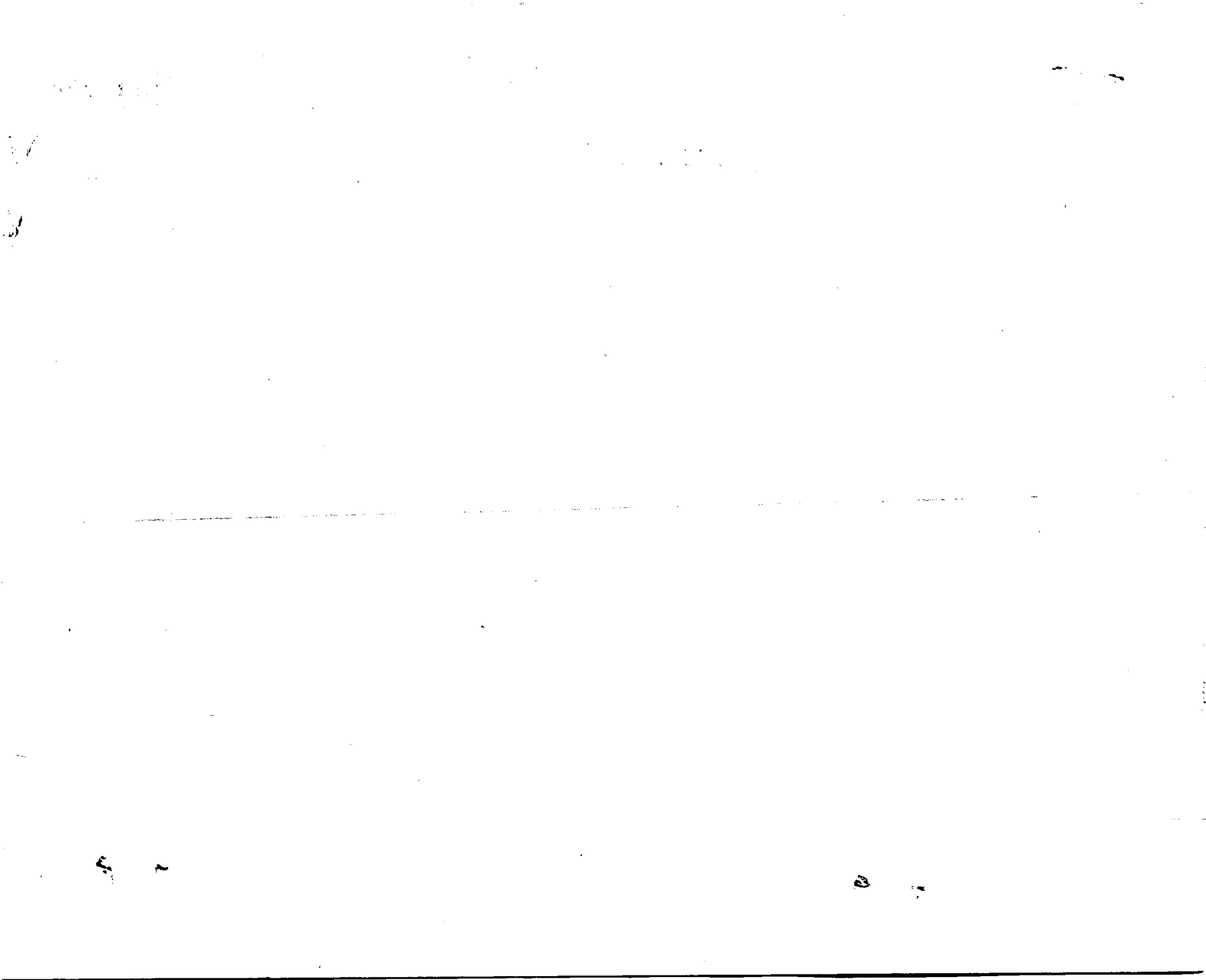
(Signed) _____, M. D.

or Mary Allen, Midwife

Address 121 S. 1st St. Pocatello, Idaho

Filed July, 1940

Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

State of IDAHO
County of Latah

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Hattie I. Matheny being first duly sworn says that
she is the mother of Clara Belle Ellis (Nee Matheny)
(Relationship of child)*
born May 31st, 1898 at Viola, Latah County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clara Belle Ellis, (Nee Matheny)

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mary Allen M.D. was the
medical attendant at the birth of said Clara Belle Ellis (Nee Matheny) Midwife
and that the said medical attendant is living and makes certificate attached
(Now deceased (or) cannot be located)

Name of Affiant Hattie I. Matheny
P. O. Address 221 W. 5th St., Spokane, Washington

Subscribed and sworn to before me this 27th day of September, 1939.

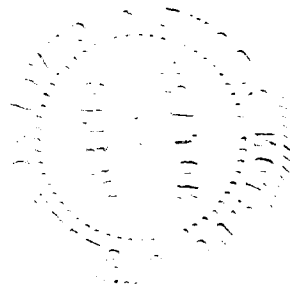
Benton F. [Signature]

Notary Public.

Residing at Moscow, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

FEB 9 1943



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A25546 029 193

296665

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. Idaho at home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED
JUL 22 1940
CERTIFICATE OF BIRTH

296065

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Don Huber Benedict

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legiti- mate? X 8. Date of birth March 16, 1898 (Month, Day, Year)

9. Full name Orloff A Benedict FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow
11. Color or race W 12. Age at last birthday 39 (years)

13. Birthplace (city or place) (State or Country) Naupaka Hawaii

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name Mertie Lena Archer MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow
20. Color or race W 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) East Wallingford Vermont

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead X (c) Stillborn X

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.
or _____, Midwife

Address _____

Filed July 22, 1940 Max G. Atwood

Registrar.

1000

2

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

State of IdahoCounty of Katah

JUL 22 1947

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mertie Archer Benedict being first duly sworn says that
Don is the Son of Mertie Archer Benedict
 (Relationship of child)*
 born March 16 1898 at Moscow, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that Mertie A. Benedict desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Don Huber Benedict

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr Worthington, M. D., was the
 medical attendant at the birth of said Don Huber Benedict and that
 the said medical attendant is now deceased
 (Now deceased (or) cannot be located)

Name of Affiant Mertie Archer BenedictP. O. Address 511 Sweet Ave MoscowSubscribed and sworn to before me this 20 day of July, 1940

W. Martin Hensley
 Notary Public.

Residing at Moscow Idaho, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

7-10-65

JUL 20 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of IDAHO
City of Boise
No. Weaver Ranch St.

293-124-001-942
RECEIVED
AUG - 5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296311
296311

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Thomas Franklyn Irland

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>Nov 26th 1898</u> (Month, Day, Year)
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9. Full name FATHER
Hugh Thomas Irland

10. Residence (usual place of abode)
(If non-resident, give place and State) _____

11. Color or race white 12. Age at last birthday 23 (years)

13. Birthplace (city or place) Waver County, Iowa
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work
Nov _____, 19____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER
Lydia Margaret Russell

19. Residence (usual place of abode)
(If non-resident, give place and State) _____

20. Color or race White 21. Age at last birthday 18 (years)

22. Birthplace (city or place) Montgomery County, Missouri
(State or Country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work
_____, 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks } 30. Cause of Stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) _____, M. D.

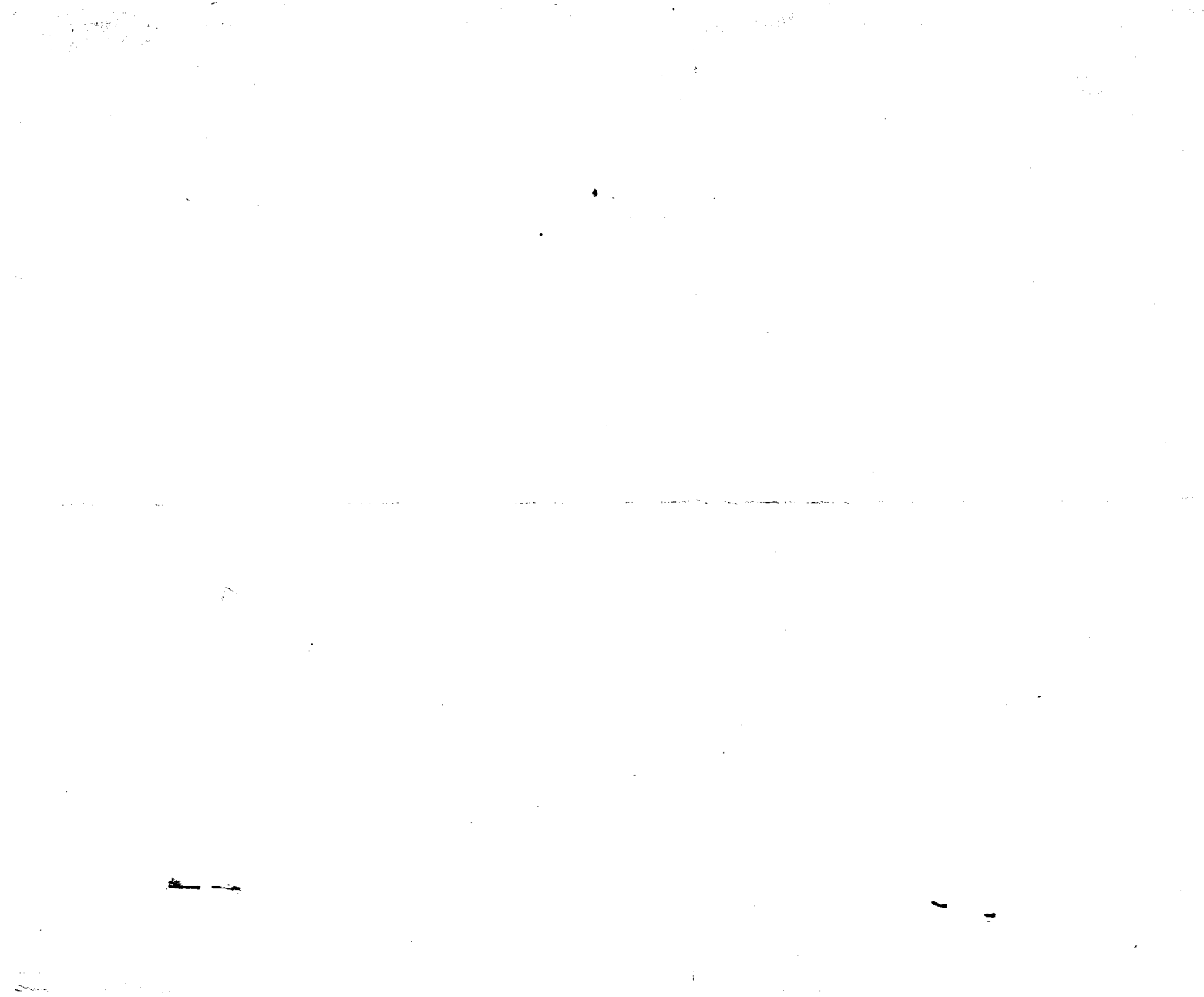
or _____, Midwife

Address _____

Filed AUG - 5 1940, 193____ Mae G. Atwood

Registrar.

Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Shirley being first duly sworn says that
is the Mrs Jeanne A. Baston of Thomas Franklyn Island
(Relationship of child)*
born Nov 26 1895 at Boise City, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Thomas Franklyn Island.

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that unknown, M. D., was the Midwife

medical attendant at the birth of said _____ and that the said medical attendant is _____

(Now deceased (or) cannot be located)

Name of Affiant Mrs Jeanne A. Baston
P. O. Address Rocke, Calif.

Subscribed and sworn to before me this 13 day of July, 1940
Edward T. Clark
Notary Public.

In and for the County of Los Angeles, Idaho.
Residing at State of California

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My commission Expires April 26, 1944

JUN 12 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 446-2310-028-365
PLACE OF BIRTH
County of Latah
City of Randrick
No. about 6 miles north St.

AUG - 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296392
296392

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Neva Mae Moore

3. Sex <u>Female</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>October 31, 1938</u> (Month, Day, Year)
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9. Full name <u>Enos Moore</u>	FATHER	18. Full maiden name <u>Mary Olive Tweedy</u>	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Latah Co. Idaho</u>		19. Residence (usual place of abode) (If non-resident, give place and State) <u>Latah Co. Idaho</u>	

11. Color or race <u>White</u>	12. Age at last birthday <u>34</u> (years)	20. Color or race <u>White</u>	21. Age at last birthday <u>26</u> (years)
13. Birthplace (city or place) (State or Country) <u>Illinois</u>		22. Birthplace (city or place) (State or Country) <u>Missouri</u>	

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wheat Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>House wife</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>
16. Date (month and year) last engaged in this work <u>Oct. 31, 1998</u>	17. Total time (years) spent in this work <u>16</u>	25. Date (month and year) last engaged in this work <u>Oct. 31, 1998</u>	26. Total time (years) spent in this work <u>8</u>

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Don't know

28. Number of children of this mother 3 (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____	{ months or weeks	30. Cause of stillbirth _____	{ Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician
or midwife, then the father, householder, etc.,
should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug. 1940

Registrar.

100000

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington AUG - 8 1940
County of Walla Walla

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Olive Moore being first duly sworn says that
she is the mother of Neva Mae Moore
(Relationship of child)*
born October 31st, 1898 at near Kendrick, Latah County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Neva Mae Moore desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Neva Mae Moore

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Rothwell, M. D. was the ~~midwife~~
medical attendant at the birth of said Neva Mae Moore and that
the said medical attendant is now deceased so far as known and cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Mary Olive Moore
P. O. Address 1104 Alice Ave., Walla Walla, Wash.

Subscribed and sworn to before me this 6th day of August, 1940.

[Signature]
Notary Public.
Residing at Walla Walla, Wash ~~XXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

100000

100000

A962-214040819

296473

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296473

AUG 14 1940

1. PLACE OF BIRTH County of <u>Shoshone</u> City of <u>Clarkia P. O.</u> No. _____ St. _____		Registration District No. _____ State File No. _____	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Maud Adeline Roberts</u>			
3. Sex <u>F.</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth <u>4</u>	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>
8. Date of birth <u>August 14 1898</u> (Month, Day, Year)			
9. Full name FATHER <u>James Townsend Roberts</u>		18. Full maiden name MOTHER <u>Susan Adeline Harned</u>	
10. Residence (usual place of abode) <u>Shoshone County</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Shoshone County</u> (If non-resident, give place and State)	
11. Color or race <u>W.</u> 12. Age at last birthday <u>28</u> (years)		20. Color or race <u>W.</u> 21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) <u>Nebraska City</u> (State or Country) <u>Nebraska</u>		22. Birthplace (city or place) <u>Atchison County</u> (State or Country) <u>Missouri</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work <u>Aug. 14 1898</u>		25. Date (month and year) last engaged in this work <u>Aug. 14 1898</u>	
17. Total time (years) spent in this work <u>13</u>		26. Total time (years) spent in this work <u>7</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None</u>			
28. Number of children of this mother (At time of this birth and including this child) <u>4</u> (a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____			
29. If stillborn, period of gestation _____ { months or weeks		30. Cause of stillbirth _____ { Before labor. _____ During labor. _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) James Townsend Roberts, M. D.

or Father

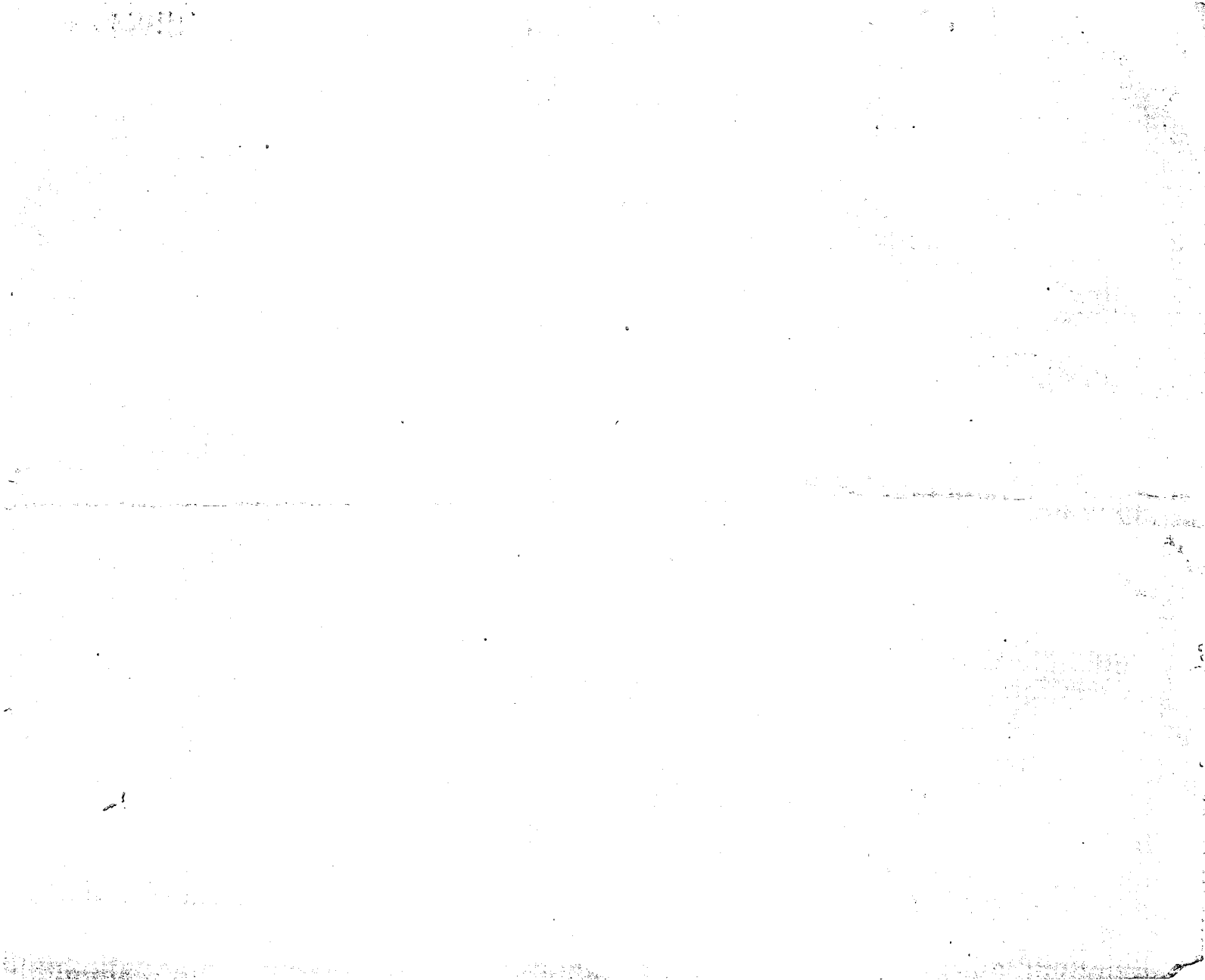
Address Vale, Oregon

Filed _____, 193 _____

Registrar

Registrar

/RITE MATCH WITH UNFADING INK-- IS A PERMANENT RECORD. N. B.--In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS 14 1940

State of Oregon
County of Malheur

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James Townsend Robirts being first duly sworn says that
he is the father of Maud Adeline Robirts
(Relationship of child)*
born August 14, 1898 at Shoshone County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Maud Adeline Robirts

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Cybele Robirts, ~~XXX~~ was the Midwife
medical attendant at the birth of said Maud Adeline Robirts and that
the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant James T Robirts

P. O. Address Vale, Oregon

Subscribed and sworn to before me this 13th day of August, 1940

Percy Purvis
My commission expires Jan. 13, 1941 Notary Public.

Residing at Vale, Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY

OCT 27 1959

863-118 008-257

296519

29 6579

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 14 1940

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Idaho **Boise**
City of Ola
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Joseph Edwin Holbrook3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
mate? Yes 8. Date of birth Feb. 18, 1898
(Month, Day, Year)9. Full name FATHER John Murray Holbrook10. Residence (usual place of abode)
(If non-resident, give place and State) Ola11. Color or race W 12. Age at last birthday 30 (years)13. Birthplace (city or place) Des Moines
(State or Country) Iowa14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Amelia Christina Louisa Beal19. Residence (usual place of abode)
(If non-resident, give place and State) Ola20. Color or race White 21. Age at last birthday 25 (years)22. Birthplace (city or place) Springfield
(State or Country) Illinois23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

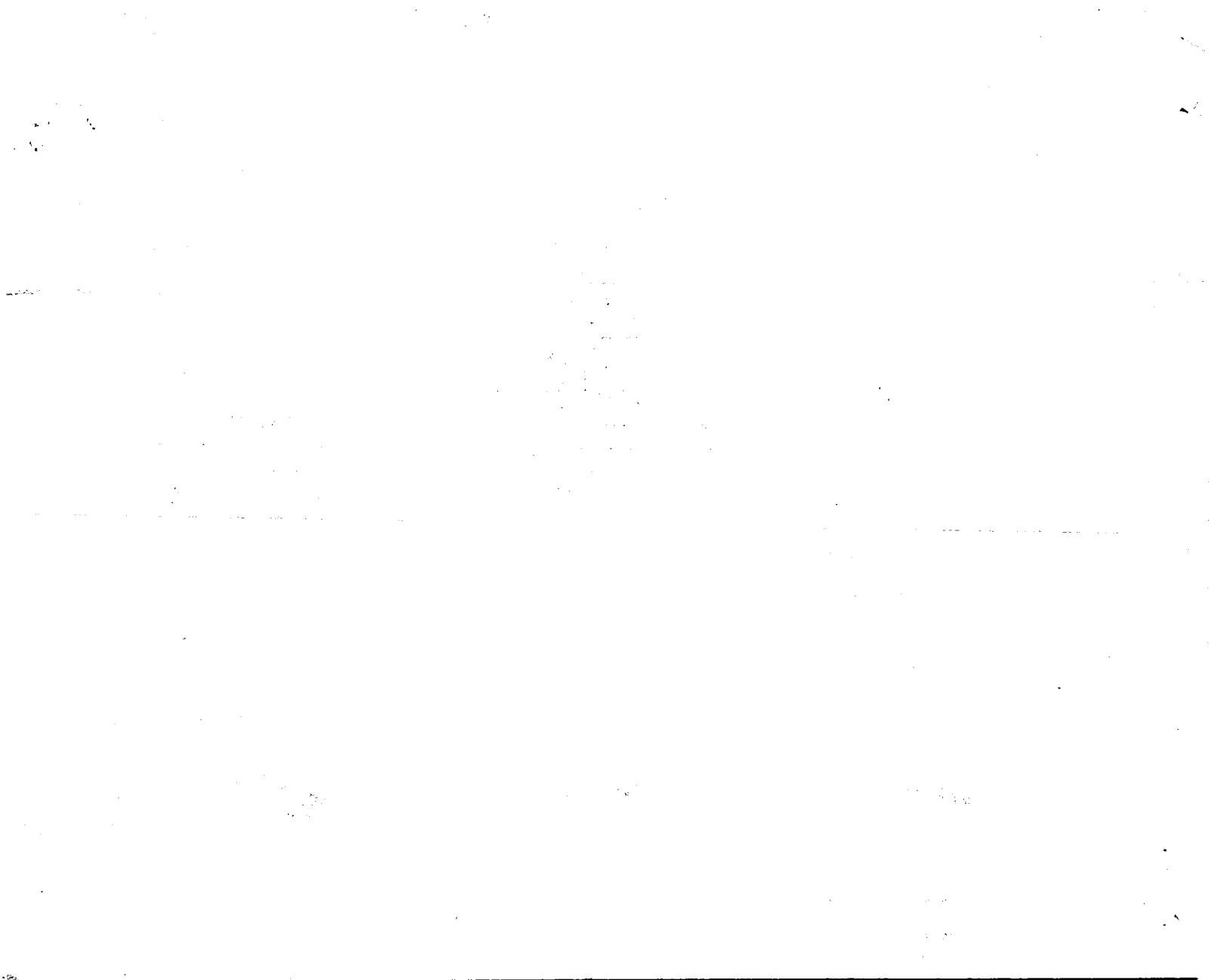
(Date of)

Registrar,

(Signed) _____, M. D.
or Mrs. Mary E. Holbrook, Midwife
Address Ola Idaho
Filed Aug. 14, 1940

Registrar,

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

915204 025 239
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **296588**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:** Near
(a) County.....Idaho..... (b) City.....Cottonwood.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
On farm home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD**.....Blanche Lorena Yandell.....
5. Date of Birth October 4th, 1898
(Month, day, year).....
6. Sex. Female 7. Twin or Triplet 8. No. months of Pregnancy 9 9. Legitimate? yes
If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. **FULL NAME**.....James C. Yandell.....
11. Color or Race White 12. Age at time of THIS birth. 30 yrs.
13. Birthplace.....Joplin Missouri.....
(City or town) (State or foreign country)
14. Exact Occupation.....Farming.....
15. Industry or Business.....
MOTHER OF CHILD
16. **FULL MAIDEN NAME**.....Edna M. Stilwell.....
17. Color or Race White 18. Age at time of THIS birth. 26 years
19. Birthplace.....Grangeville, Idaho.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child...one (b) Born alive and now living...0
(c) Born alive and now dead...one (d) Stillborn...none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Edna M. Yandell, who is
related to this child as.....Mother.....
(Mother, etc.) (First name) (Last name)

26. (a)..... (b).....
(Date received) (Registrar's signature)
27. Given name added on..... by.....
(Registrar's signature)
25. Attendant's **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of.....Montana..... }
County of.....Roosevelt..... } ss. Edna M. Yandell
I, James C. Yandell and....., being first duly sworn, say that I am..... father of.....
Blanche Lorena Yandell as..... father.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Dr. Truitt....., who attended said birth..... is now deceased..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Edna M. Yandell..... James C. Yandell.....
WOLF POINT, MONTANA..... P. O. Address
Subscribed and sworn to before me on this..... 15th..... day of..... August..... 1940.
(SEAL) Blanche M. Yandell.....
Notary Public for the State of Montana,
residing at..... Wolf Point, Montana.....
My commission expires June 5th, 1940.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A319-107029 315

1. PLACE OF BIRTH
County of Idaho
City of GENESEE
No. _____ St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296627

AUG 19 1940

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD HECTOR CANN

3. Sex MALE If plural { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti-
births { 5. Number, in order of birth _____ Full term _____ mate? _____
8. Date of birth NOVEMBER 7th 1898
(Month, Day, Year) 1898

9. Full name JAMES CANN FATHER

18. Full maiden name AMY BEE CANN MOTHER

10. Residence (usual place of abode)
(If non-resident, give place and State) Genevieve

19. Residence (usual place of abode)
(If non-resident, give place and State) Genevieve

11. Color or race white 12. Age at last birthday _____ (years)

20. Color or race white 21. Age at last birthday 39 (years)

13. Birthplace (city or place)
(State or Country) Lindsay Ontario Canada

22. Birthplace (city or place)
(State or Country) Cornwall Ontario Canada

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. journeyman

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at Home

16. Date (month and year) last engaged in this work During 1898 17. Total time (years) spent in this work always

25. Date (month and year) last engaged in this work always 19 _____ 26. Total time (years) spent in this work continuing

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Three (a) Born alive and now living 3 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born Alive or Stillborn)

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Aug., 1940

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

10000

10000

10000

10000

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ruth Caldwell being first duly sworn says that
she is the Sister of Hector Cann
(Relationship of child)*
born November 7th 1898 at Genesee, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that said Hector Cann desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hector Cann

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that the Doctor, name unknown, M. D., was the medical attendant at the birth of said Hector Cann and that the said medical attendant is now dead, and that she makes this affidavit, because the parents are dead
(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

1940

NOTARY PUBLIC

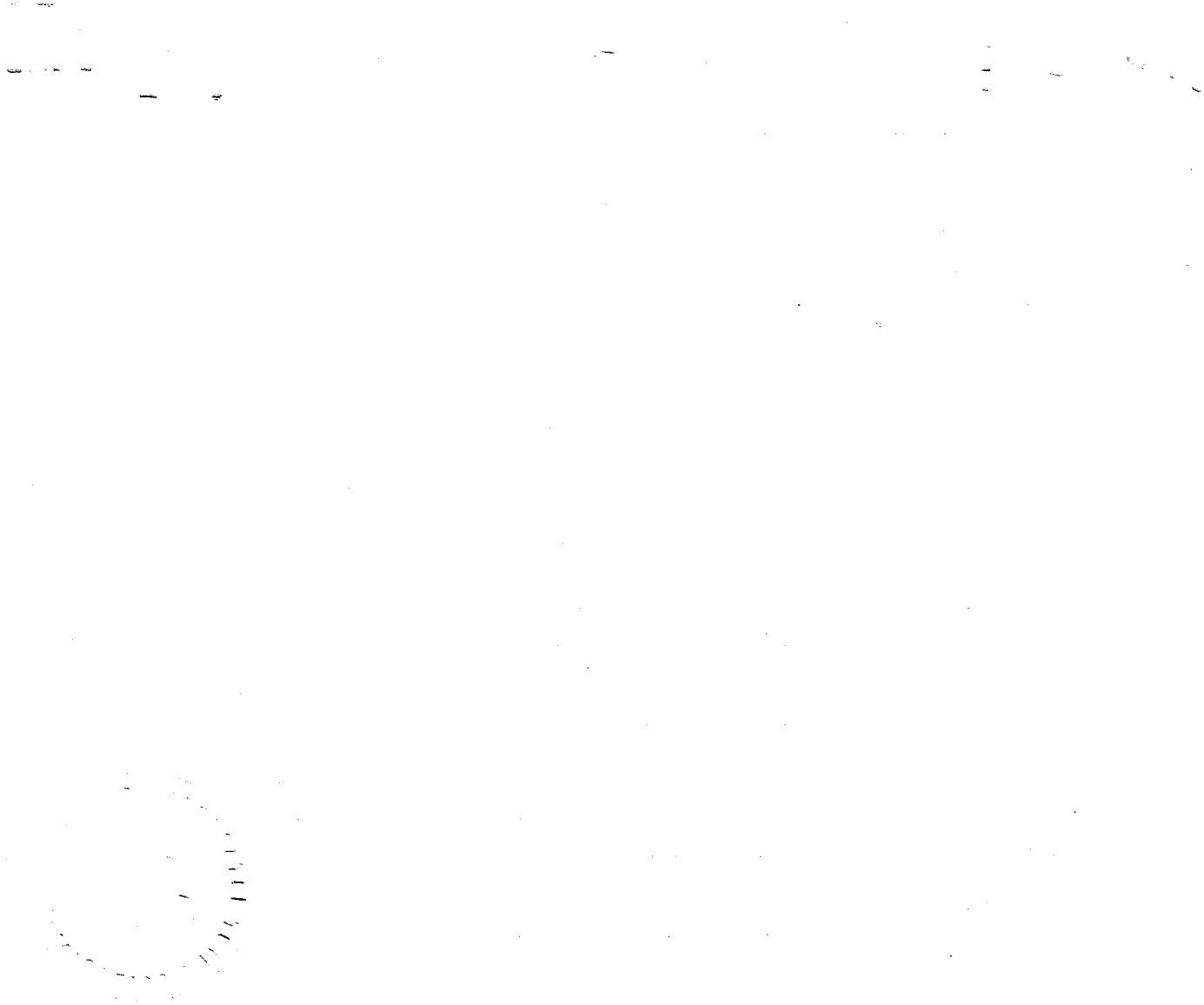
In and for the County of Los Angeles State of California

Notary Public.

Residing at

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires April 21, 1942



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

296646 296646

State File No.

Local Reg. No.

Reg. Dist. No.

754-110-035 315

AUG 19 1940

1. PLACE OF BIRTH:

(a) County NEZ PERCE (b) City FLETCHER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State IDAHO (b) County NEZ PERCE
(c) City FLETCHER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD

NORMAN WARREN PEDIGO

5. Date of Birth

(Month, day, year) 12-10-98

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? YES

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME EVERMONT WARREN PEDIGO

16. FULL MAIDEN NAME DAISY DELL LANDIS

11. Color or Race WHITE 12. Age at time of THIS birth 31 yrs.

17. Color or Race WHITE 18. Age at time of THIS birth 22 years

13. Birthplace DAKAMAS
(City or town) (State Oregon)

19. Birthplace CHICO, CAL.
(City or town) (State or foreign country)

14. Exact Occupation FARMER

20. Exact Occupation HOUSE WIFE

15. Industry or Business FARM

21. Industry or Business HOME

22. Name prophylactic used to prevent Sphemia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 8 40 P. M. on the date

and at the place stated above, and that personal particulars were furnished by DAISY BALDWIN who is related to this child as MOTHER (First name) PEDIGO (Mother, etc.)

26. (a)..... (Date received) (b)..... (Registrar's signature)

25. Attendant's OWN signature Dora Couch or WIFE (D.O. Midwife, etc.)

27. Given name added on..... by..... (Registrar's signature)

and address NAMPA IDAHO Date 12-10-98

State of..... SS. FLETCHER AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

County of.....

I,..... being first duly sworn, say that I am..... (Related to (or) acquainted with)

..... as..... (State relationship or acquaintance) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) who attended

said birth..... and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Name

P. O. Address

Subscribed and sworn to before me on this..... day of.....

(SEAL)

Notary Public, residing at.....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-108 028-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

296652

AUG 21 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|--|---|
| <p>1. PLACE OF BIRTH
(a) County <u>Kootenai</u> (b) City <u>Post Falls</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.</p> | <p>2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho <u>Months</u>.
(f) Mother's mailing address.....</p> |
|--|---|

- | | |
|--|---|
| <p>4. FULL NAME OF CHILD <u>Benjamin Earl Price</u></p> | <p>5. Date of Birth <u>July 8 1892</u>
(Month, day, year)</p> |
| <p>6. Sex <u>Male</u></p> | <p>8. No. months of Pregnancy.....</p> |
| <p>7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....</p> | <p>9. Legitimate? <u>No</u></p> |

- | | |
|---|--|
| <p>10. FATHER OF CHILD
FULL NAME <u>Charles Price</u>
11. Color <u>W</u> 12. Age at time of THIS birth <u>58</u> yrs.
13. Birthplace <u>Indiana</u>
(City or town) (State or foreign country)
14. Exact Occupation <u> Carpenter </u>
15. Industry or Business.....</p> | <p>16. MOTHER OF CHILD
FULL NAME <u>Margaret Price</u>
17. Color <u>W</u> 18. Age at time of THIS birth <u>48</u> years
19. Birthplace <u>Oregon</u>
(City or town) (State or foreign country)
20. Exact Occupation <u> housewife </u>
21. Industry or Business.....</p> |
|---|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 3
(c) Born alive and now dead 7 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 M. on the date July 8 1940 and at the place stated above, and that personal particulars were furnished by Mother Mary Price Edwards related to this child as (Mother, etc.) (First name) (Last name)

- | | |
|--|---|
| <p>26. (a)..... (Date received)
(b)..... (Registrar's signature)</p> | <p>25. Attendant's OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
and address <u>Post Falls</u> Date.....</p> |
|--|---|

State of Idaho County of Kootenai
X Mother Mary Price Edwards being first duly sworn, say that I am deceased (Related to (or) acquainted with) deceased

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

..... as..... (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21 day of August 1940
(SEAL) Notary Public, residing at Post Falls Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

To Whom It May Concern.

Blanchard, Ida. 21-1940
Aug, 21-1940

AUG 21 1940

Benjamin E. Price is my brother and, was born at
Post Falls, Ida. July 8th 1898. and, is now 42 yrs. of age.
There was no attending physician or, attendant.
I am 54 yrs. of age, and born in 1886.

X--

Mettie May Price Edwards

Mettie May Price Edwards

Subscribed and sworn to before
me this 19th day of August 1940.

J. W. [Signature]
Notary Public



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 296653
Local Reg. No.
Reg. Dist. No.

AUG 22 1940

1. PLACE OF BIRTH: (a) County <u>Shoshone</u> (b) City <u>Wallace</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>McGee Hospital</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>1</u> days. In THIS county <u>3</u> years <u>0</u> months <u>0</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Wallace</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. (f) Mother's mailing address <u>Wallace</u> 3. RESIDENCE OF FATHER (city, state) <u>Wallace</u>	
4. FULL NAME OF CHILD <u>Albert Julian Buckingham</u>		5. Date of Birth <u>July, 11, 1898</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Frank Carlyle Buckingham</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Louisiana, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nellie Hess</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> years 19. Birthplace <u>Greenfield, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead (d) Stillborn			
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)			
26. (a) (Date received) (b) (Registrar's signature)		25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)	
27. Given name added on by (Registrar's signature)		and address Date	

State of Washington }
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, F. C. Buckingham, being first duly sworn, say that I am related to A. J. Buckingham as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McGee (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19th day of August, 1940, East Stanwood, Wn.

(SEAL)

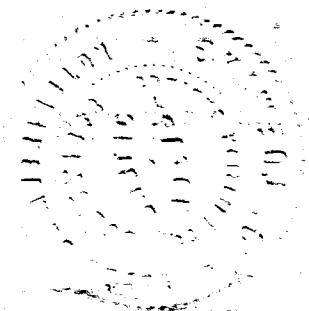
Frank Carlyle Buckingham Name
Route I - Box 271 P. O. Address
Seattle, Wn. Notary Public, residing at

JUN 29 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1258-223018-331
1. PLACE OF BIRTH
County of Clearwater
City of Grassus, (Now, Green)
No. Idaho St.
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Oro Solo Snyder
3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature. _____ 7. Legiti- _____
5. Number, in order of birth 3 Full term L mater yes
8. Date of birth June 23, 1898 (Month, Day, Year)
9. Full name FATHER Samson Snyder MOTHER Elizabeth Catharine Clark
10. Residence (usual place of abode) Proffico, Ida. 11. Color or race white 12. Age at last birthday 22 (years)
13. Birthplace (city or place) Harman, W. Va. 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work Dec 28, 1909 17. Total time (years) spent in this work 17
18. Full maiden name _____ 19. Residence (usual place of abode) Proffico Ida. 20. Color or race white 21. Age at last birthday 24 (years)
22. Birthplace (city or place) Lindsay, Nebraska 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work July 25, 1940 26. Total time (years) spent in this work 50
27. What prophylactic was used to prevent Ophthalmia Neonatorum now
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born at 8-12 P.m. on the date above stated.
(Born Alive or Stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____
Registrar, _____
(Signed) _____, M. D.
or Samson Snyder Father, Proffico, Idaho Midwife
Address _____
Filed 7/25, 1934 W. A. K. K. Registrar.

STATE OF IDAHO

296703

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho }
County of Clearwater } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

AFFIDAVIT

Samson Snyder being first duly sworn says that
he is the father of Oro Lolo Snyder
(Relationship of child)*
born June 23, 1898 at Paraser (now Green), Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Oro Lolo Snyder

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Samson Snyder, ~~Midwife~~ was the medical attendant at the birth of said Oro Lolo Snyder and that the said medical attendant is Oro Lolo Snyder

(Now deceased (or) cannot be located)

Name of Affiant Samson Snyder

P. O. Address Osborne, Idaho

Subscribed and sworn to before me this 23 day of July, 1940

NOTARY PUBLIC residing at Osborne, Idaho
My commission expires June 26, 1942

Residing at Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

12/9/40 L. E.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

A 449718 025-249

1. PLACE OF BIRTH
County of Idaho
City of Grangeville
No. _____ St. _____

AUG - 9 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296736

Registration District No. 240 State File No. _____

Prim. Registration District No. _____ Local Registrar's No. 22

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD

George Wilkins Murphy

3. Sex M If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? _____ 8. Date of birth July 18, 1898 (Month, Day, Year)

9. Full name FATHER John Wilkins Murphy
10. Residence (usual place of abode) Grangeville
(If non-resident, give place and State) Idaho
11. Color or race W 12. Age at last birthday 60 (years)
13. Birthplace (city or place) Ireland
(State or Country)

18. Full maiden name MOTHER Anna Burlingame
19. Residence (usual place of abode) Grangeville
(If non-resident, give place and State) Idaho
20. Color or race W 21. Age at last birthday 70 (years)
22. Birthplace (city or place) Minnesota
(State or Country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work July 18, 1898
17. Total time (years) spent in this work all his life

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work July 18, 1898
26. Total time (years) spent in this work all her life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

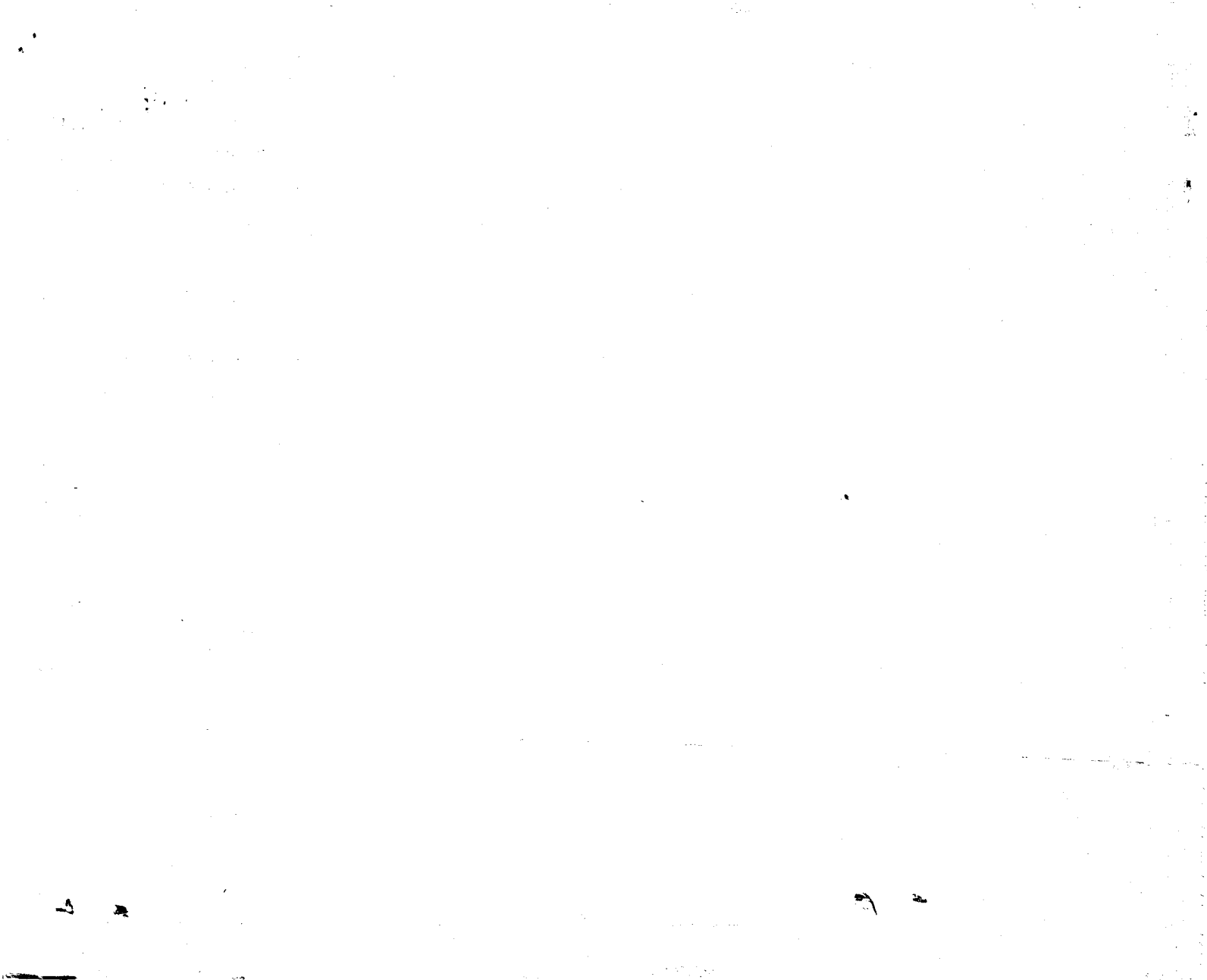
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

Registrar.

(Signed) Anna Murphy Riggs M.D.
or Grangeville - Idaho Midwife
Address _____
Filed Aug 6, 1940 B. Chipman
Registrar.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

296736

State of Idaho }
County of Idaho } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Murphy
Anna/Riggs being first duly sworn says that
she is the mother of George Wilkins Murphy
(Relationship of child)*
born July 18th, 1898 at Grangeville, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said George Wilkins Murphy
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. S. F. Bibby, M. D., was the
midwife
medical attendant at the birth of said George Wilkins Murphy and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Anna Murphy Riggs
P. O. Address Grangeville, Idaho.

Subscribed and sworn to before me this 6th. day of August, 1940
H. C. Thwille
Notary Public.
Residing at Grangeville., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah A395-124-029-249
City of Moscow
No. 207 1/2 South Main St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

296746

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD JOHN WESLEY LIEUALLAN

3. Sex MALE
If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____
Full term YES

7. Legiti-
mate? YES

8. Date of
birth AUG 24 1898 ~~1899~~
(Month, Day, Year)

9. Full name
JOHN WESLEY LIEUALLAN (Deceased)
10. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 36 (years)
13. Birthplace (city or place) Mercer County
(State or Country) Missouri

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Promoter
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Real Estate, Mining
16. Date (month and year)
last engaged in this work
Aug 24 1898 ~~1899~~
17. Total time (years) spent
in this work 6

18. Full
maiden
name IVANELLA SMITH
19. Residence (usual place of abode) Moscow Idaho
(If non-resident, give place and State)
20. Color or race White | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) Cass County
(State or Country) Indiana

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home
25. Date (month and year)
last engaged in this work
Aug 24 1898 ~~1899~~
26. Total time (years) spent
in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Unknown

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician }
or midwife, then the father, householder, etc., }
should make this return.

Give name added from
a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed AUG 12 1940, 193____
Registrar. Registrar.

JAN 1942

STATE OF IDAHO

296746

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of IDAHO
County of LATAH

ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

IVANELLA LIEUALLLEN being first duly sworn says that
SHE is the MOTHER of JOHN WESLEY LIEUALLLEN
(Relationship of child)*
born AUGUST 24 1898 at MOSCOW, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that SHE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said JOHN WESLEY LIEUALLLEN

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Doctor CHARLES GRITMAN, M. D., was the medical attendant at the birth of said JOHN WESLEY LIEUALLLEN and that the said medical attendant is NOW DECEASED

(Now deceased (or) cannot be located)

Name of Affiant Ivanella Lieuallen
P. O. Address _____

Subscribed and sworn to before me this 9 day of August, 1940

H. H. Ermsow
Notary Public.
Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

141 2

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962116-035-344

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

297982
State File No. **297982**
Local Reg. No.
Reg. Dist. No.

AUG 27 1940

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash. (b) County Asotin
(c) City Clarkston
(d) Street Address or R.F.D. No. 33
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address Rt. 1 Box 22
3. **RESIDENCE OF FATHER** (city, state) Sammie

4. **FULL NAME OF CHILD** Clarence Robey Roberts 5. Date of Birth May 16 1898
(Month, day, year)
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>George Riley Roberts</u> | 16. FULL MAIDEN NAME <u>Ada Halsum Cummings</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>34</u> yrs. | 18. Age at time of THIS birth <u>30</u> years |
| 13. Birthplace <u>Limeville Iowa</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Danxton Iowa</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Day laborer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Sammie</u> | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) Aug 27 1940 (b) Max G. Atwood
(Date received) (Registrar's signature)
27. Given name Clarence of Vital Statistics
(Registrar's signature)
25. Attendant's **OWN** signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ada H. Roberts, being first duly sworn, say that I am.....related to.....
Clarence Robey Roberts as.....MOTHER.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....
(Name of attendant at birth)
deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26 day of August 1940 at Wash.

(SEAL)

Notary Public, residing at Lewiston Idaho
By: Esther M. Brett, Deputy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314715 001 864
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

298185
298185
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County. <u>Ada</u> (b) City. <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county.....years.....months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Ada</u> (c) City. <u>Boise</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. (f) Mother's mailing address. <u>deceased</u> 3. RESIDENCE OF FATHER (city, state). <u>deceased</u>	
4. FULL NAME OF CHILD. <u>Alphonse Wesley Lambrigger</u>		5. Date of Birth (Month, day, year). <u>9-15-1898</u>	
6. Sex. <u>male</u>	7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months <u>of Pregnancy</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Alphonse John Lambrigger</u> 11. Color <u>white</u> 12. Age at time <u>37</u> yrs. or Race <u>white</u> of THIS birth. 13. Birthplace. <u>Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation. <u>Rancher</u> 15. Industry or Business. <u>Rancher</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Flora Bell Hough</u> 17. Color or <u>white</u> 18. Age at time of <u>40</u> years Race. <u>white</u> THIS birth. 19. Birthplace. <u>Anrora</u> <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation. <u>Housewife</u> 21. Industry or Business.	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>no</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living..... (c) Born alive and now dead..... (d) Stillborn.....			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) SEP 11 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on.....
(Registrar's signature)

State of.....California..... }
County of.....Los Angeles..... } ss.
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, C.V. Lambrigger, being first duly sworn, say that I am.....the uncle of
Alphonse Wesley Lambrigger as.....uncle.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....Dr Spaulding....., who attended said birth.....deceased.....and that this birth has not been previously recorded.
(Is now deceased—(or) cannot be located)

Subscribed and sworn to before me on this.....day of.....Sept, 1940.....
(SEAL) Notary Public Notary Public, residing at.....
My Commission Expires June 10, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

298299

962-206 029 893

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 1213
Reg. Dist. No. 1212 201

1. PLACE OF BIRTH

(a) County Salah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county. years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Salah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address.

3. RESIDENCE OF FATHER (city, state)

Kendrick, Ida.

4. FULL NAME OF CHILD

Cora Isola Roberts

5. Date of Birth

(Month, day, year) May 6, 1898

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME John H. Roberts
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Louisa Anna Hill
17. Color or Race White 18. Age at time of THIS birth 30 years
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Noon M. on the date and at the place stated above, and that personal particulars were furnished by Louisa Hill who is related to this child as Mother (First name) (Last name)

26. (a) 9/16/40 (b) Louisa Hill
(Date received) (Registrar's signature)
27. Given name added on. by Louisa Hill
(Registrar's signature)

25. Attendant's OWN signature None M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louisa Hill, being first duly sworn, say that I am related to Cora N. Roberts as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none, who attended said birth. and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of Sept 1940

(SEAL)

Louisa Roberts Name
714 W. Buckeye, Spokane, WY P. O. Address
6th day of Sept 1940
Edw. J. McCarty Notary Public, residing at Spokane

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **298357**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Fremont (b) City. Dubois
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days. At home
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Clark
(c) City. Dubois
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address. Dubois, Idaho
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Elmer Francis Jacoby
5. Date of Birth Sept. 15, 1898
(Month, day, year)
6. Sex. male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|---|
| 10. FULL NAME <u>Joseph P. Jacoby</u> | 16. FULL MAIDEN NAME <u>Elizabeth N. Kendrick</u> | 11. Color <u>White</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth. <u>31</u> yrs. | 18. Age at time of THIS birth. <u>24</u> years | 13. Birthplace. <u>Arlington Illinois</u>
(City or town) (State or foreign country) | 19. Birthplace. <u>Lowell Arkansas</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation. <u>Fireman</u> | 20. Exact Occupation. <u>Housewife</u> | 15. Industry or Business. <u>Union Pacific Railroad Co</u> | 21. Industry or Business. |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 6
(c) Born alive and now dead. 1 (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

26. (a) 9-21-40 (b).....
(Date received) (Registrar's signature)
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....by.....
(Registrar's signature) and address Date

State of. Idaho
County of. Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Elizabeth Jacoby, being first duly sworn, say that I am related to
Elmer Francis Jacoby as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elmer Davis, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of September 1940.

(SEAL)

H. R. Hahn

Notary Public, residing at Dubois, Idaho

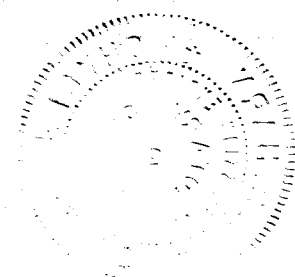
Name Mrs. Elizabeth N. Jacoby ✓
Dubois, Idaho P. O. Address

7-25-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962115001286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

298385

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|--|--|
| 1. PLACE OF BIRTH:
(a) County <u>Ada</u> (b) City <u>Boise</u>
(c) Street Address or R.F.D. No. <u>14th. & Eastman</u>
(d) Name of Hospital or Maternity Home: <u>born at home</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS country <u>4</u> years.....months.....days. | 2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Ada</u>
(c) City <u>Boise</u>
(d) Street Address or R.F.D. No. <u>13th. & Eastman</u>
(e) How long has MOTHER lived in Idaho? <u>7</u> yrs.
(f) Mother's mailing address <u>Boise, Idaho</u>
3. RESIDENCE OF FATHER (city, state) <u>same</u> |
|--|--|

- | | |
|--|---|
| 4. FULL NAME OF CHILD <u>Charles Lester Robb</u>
6. Sex <u>male</u>
7. Twin or Triplet <u>no</u>
8. No. months of Pregnancy <u>nine</u>
9. Legitimate? <u>yes</u> | 5. Date of Birth <u>June 15, 1898</u>
(Month, day, year)
If so—born 1st, 2nd, 3rd |
|--|---|

- | | |
|--|--|
| FATHER OF CHILD
10. FULL NAME <u>Albert D. Robb</u>
11. Color or Race <u>white</u>
12. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Ashland Nebraska</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>lineman</u>
15. Industry or Business <u>telephone</u> | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Margaret Myrtle Short</u>
17. Color or Race <u>white</u>
18. Age at time of THIS birth <u>24</u> years
19. Birthplace <u>Ohio</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**
- 23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at P M. on the date Aug 29, 1940 and at the place stated above, and that personal particulars were furnished by Albert D. Robb, who is related to this child as father
(Mother, etc.) (First name) (Last name)

- | | |
|---|---|
| 26. (a) <u>Aug 29, 1940</u> (Date received)
(b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature) | 25. Attendant's <u>Albert D. Robb</u>
OWN signature _____ M.D. or _____ (D.O., Midwife, etc.)
and address <u>Cascade, Idaho</u> Date <u>8-27-40</u> |
|---|---|

State of Idaho } ss.
County of Valley

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert D. Robb, being first duly sworn, say that I am related to Charles Lester Robb as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers, who attended said birth now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 27th day of August, 1940
(SEAL) Randall Walker Notary Public, residing at Cascade, Idaho
Name _____
P. O. Address _____

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 298385
County of Valley }
The undersigned does solemnly swear that certain facts on the certificate of birth
for Charles Lester Robb who was born on June 15, 1898 (Birth or Death)
in Boise, Idaho (Name on Original Certificate) (Was Born or Died) (Date of Event)
are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policy prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)
FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)
Date June 15, 1898 June 16, 1897

Subscribed and sworn to before me this 3rd
day of July, 1942
Randall Wallis
Notary Public, residing at Cascade
My commission expires March 14, 1946
(Seal)

Signed C. L. Robb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cascade, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Valley }
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 3rd
day of July, 1942
Randall Wallis
Notary Public, residing at Cascade, Idaho
My commission expires March 14, 1946
(Seal)

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]
Signed Edward E. Goo
(Signature of Any Credible Person Other Than Previous Year)
Cascade, Idaho
(Street Address, City, State)

JUL 8 1942

JUL 10 1960

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **298397**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lydia Mae Gittins

5. Date of Birth
(Month, day, year) Apr. 8, 1898

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Edwin Gittins
11. Color or Race W 12. Age at time of THIS birth 39 yrs.
13. Birthplace Mold, England
(City or town) (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business Section Foreman U.P.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary B. Marble
17. Color or Race W 18. Age at time of THIS birth 34 years
19. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 AM M. on the date and at the place stated above, and that personal particulars were furnished by Edwin Gittins, who is related to this child as Father
(Mother, etc.) (First name) (Last name)

26. (a) Aug. 17, 1940 (Date received) (b) C. Ray (Registrar's signature)
27. Given name added on by C. Ray (Registrar's signature)

25. Attendant's **OWN** signature C. Ray M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edwin Gittins, being first duly sworn, say that I am the father (Related to (or) acquainted with)
Lydia Mae Gittins as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Burbank, who attended said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

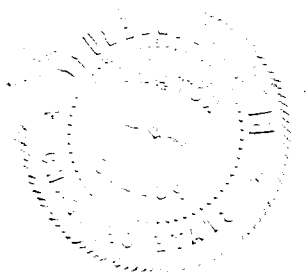
Edwin Gittins Name
Box 155, Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 17th day of Aug. 1940
(SEAL) Ben L. Ellberg Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of SHOSHONE
City of WALLACE
No. 310 CEDAR St.
A466-122-040-363
(If born in hospital or institution give name.)
Registration District No. _____ State File No. _____
Prim. Registration District No. 140 Local Registrar's No. _____

STATE OF ~~IDAHO~~
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

298449

2. FULL NAME OF CHILD THOMAS EDWARD MOFFITT

3. Sex MALE	If plural births { 4. Twin, triplet, or other. _____ 5. Number, in order of birth _____	6. Premature _____ Full term YES	7. Legiti- mate? YES	8. Date of birth FEBRUARY 22, 1936 (Month, Day, Year)
9. Full name EDWARD HAZELTON MOFFITT		18. Full maiden name EFFIE JANE COLBORN		
10. Residence (usual place of abode) (If non-resident, give place and State) WALLACE, IDAHO		19. Residence (usual place of abode) (If non-resident, give place and State) WALLACE, IDAHO		
11. Color or race WHITE		20. Color or race WHITE		
12. Age at last birthday 52 (years)		21. Age at last birthday 36 (years)		
13. Birthplace (city or place) (State or Country) ALLEGHANNEY CITY, PENNA.		22. Birthplace (city or place) (State or Country) IOLA, KANSAS		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MANAGER OF MINES		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. LEAD-SILVER MINES			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME
	16. Date (month and year) last engaged in this work _____, 19____	17. Total time (years) spent in this work 10 YEARS		25. Date (month and year) last engaged in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation { months or weeks }
30. Cause of stillbirth { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at 6 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Apr 18, 1940 John A Biver
Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of WASHINGTON

County of KING

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ROBERT COLBORN MOFFITT

being first duly sworn says that

he is the brother of THOMAS EDWARD MOFFITT
(Relationship of child)*

born February 22, 1898 at Wallace, Shoshone County, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said THOMAS EDWARD MOFFITT

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

W.S.SIMS

M. D. was the

~~XXXXX~~

medical attendant at the birth of said THOMAS EDWARD MOFFITT and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

P.O. Box 743, Seattle, Washington

Subscribed and sworn to before me this

5th

day of

August

19

40

[Signature]
Notary Public.

Residing at

Seattle, Washington

~~XXXX~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 10 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-331-079-168
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
CERTIFICATE OF BIRTH
STATE OF IDAHO

799606 299606
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: *Idaho* SEP 25 1940
(a) County *Idaho* (b) City *Idaho*
(c) Street Address or R.F.D. No. *4*
(d) Name of Hospital or Maternity Home *at home*
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State *Idaho* (b) County *Idaho*
(c) City *Idaho*
(d) Street Address or R.F.D. No. *4*
(e) How long has MOTHER lived in Idaho? *49* yrs.
(f) Mother's mailing address *Clarkston, Wash.*
3. RESIDENCE OF FATHER (city, state) *Idaho*

4. FULL NAME OF CHILD *Selma Elizabeth Ruberg* 5. Date of Birth *8-31-1898*
(Month, day, year)
6. Sex *Female* 7. Twin or Triplet *no* If so—born 1st, 2nd, 3rd *1st* 8. No. months of Pregnancy *9 mo's* 9. Legitimate? *yes*

- FATHER OF CHILD
10. FULL NAME *Gustaf Ruberg* 16. FULL MAIDEN NAME *Clara Johnson*
11. Color or Race *White* 12. Age at time of THIS birth *47* yrs. 17. Color or Race *White* 18. Age at time of THIS birth *31* years
13. Birthplace *Västergötland - Sweden* 19. Birthplace *Västergötland Sweden*
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation *Farmer* 20. Exact Occupation *Housewife*
15. Industry or Business *Farming* 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum *None*
23. Number of children of this mother: (a) At time of birth and including this child *4* (b) Born alive and now living *6*
(c) Born alive and now dead *None* (d) Stillborn *None*

24. I HEREBY CERTIFY That I attended the birth of this child, who was *alive* at *6:00 P.* M. on the date and at the place stated above, and that personal particulars were furnished by *Clara Anderson* who is related to this child as *mother* (First name) (Last name) *(married)*

26. (a) *Sep 25 1940* (b) *Mae A Atwood* 25. Attendant's OWN signature.....M.D. or.....(D.O., Midwife, etc.)
(Date registered) (Registrar's signature)
27. Given name added on.....by *Bureau of Vital Statistics* and address.....Date.....
(Registrar's signature)

State of *Idaho* } ss.
County of *Nez Perce*

I *Clara Anderson*, being first duly sworn, say that I am *related to* *Selma Elizabeth Ruberg* as *mother* (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Mel John Larson*, who attended said birth *is now deceased* and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Clara Anderson Name
Rt 1 Box 92 Clarkston Wash P. O. Address

Subscribed and sworn to before me on this *23rd* day of *September*
(SEAL) *Fairbairn* Notary Public, residing at *Lewiston Idaho*
My commission expires *March 20, 1942*

600000

JUN 11 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1. PLACE OF BIRTH
County of Cheney Perce
City of Blancher, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
299655
SEP 27 1940
Registration District No. 226-221 State File No. _____

(If born in hospital or institution give name) Prim. Registration District No. 94 Local Registrar's No. _____

2. FULL NAME OF CHILD Archib George Edmonson

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth 1 6. Premature _____ 7. Legitimate? yes 8. Date of birth Nov 12 1898
(Month, Day, Year)

9. Full name of FATHER George Pringle Edmonson 18. Full maiden name of MOTHER Mary Ineheta Church
10. Residence (usual place of abode) unknown since 1923 19. Residence (usual place of abode) Blancher, Idaho
(If non-resident, give place and State) Blancher, Idaho
11. Color or race white 12. Age at last birthday 19 (years) 20. Color or race white 21. Age at last birthday 18 (years)
13. Birthplace (city or place) unknown 22. Birthplace (city or place) Lewiston, Idaho
(State or Country) State of Michigan (State or Country) Cheney Perce County

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unpaid farm-
ing 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House work
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Michigan, Idaho, and Canada 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House keeper
16. Date (month and year) last engaged in this work March 1933 17. Total time (years) spent in this work life time 25. Date (month and year) last engaged in this work August 1933 26. Total time (years) spent in this work life time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living (4) (b) Born alive but now dead _____ (c) Stillborn _____
29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

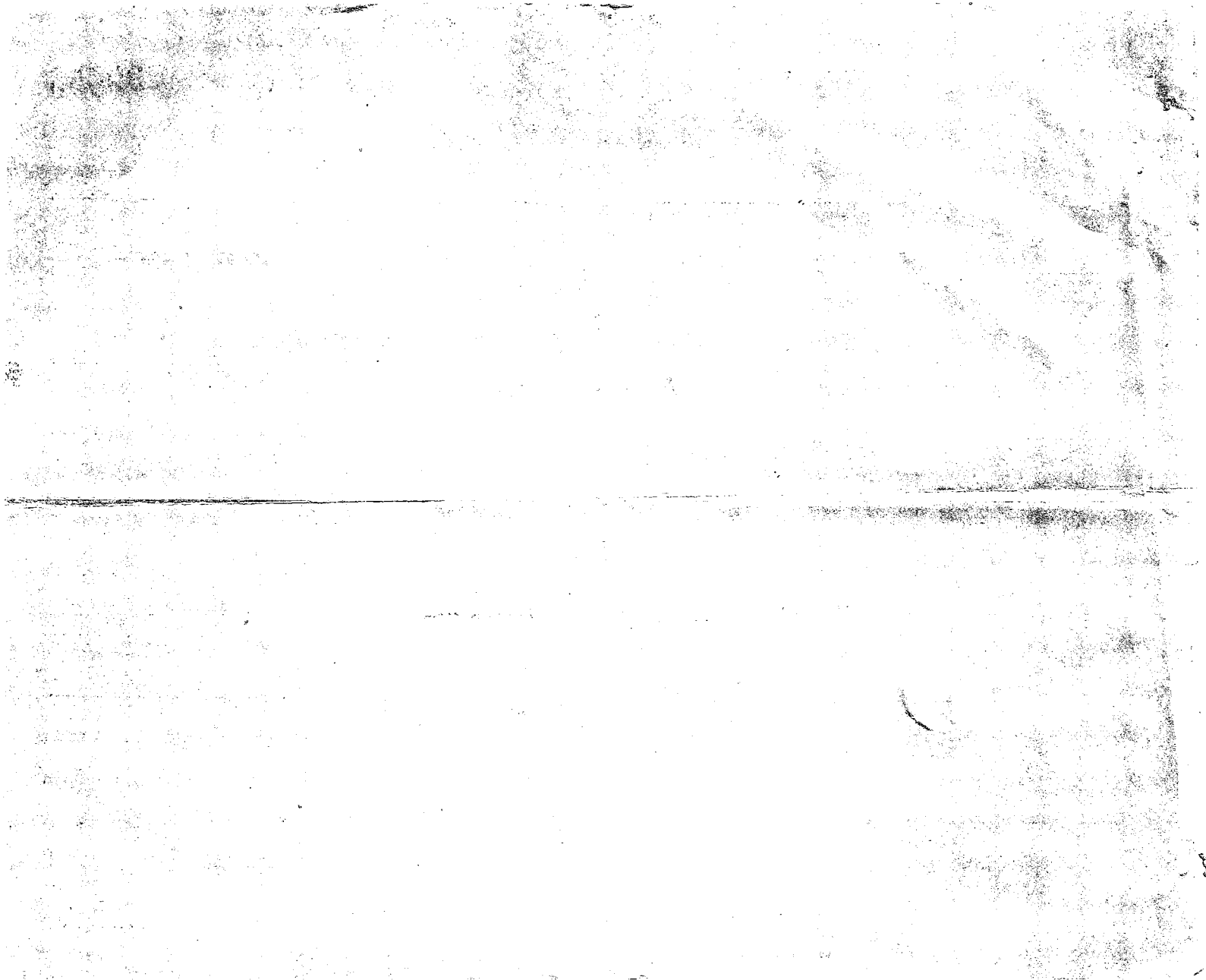
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed Sept 26 1940 Patricia Burk
Deputy Registrar.

Registrar.



544-112-095-384

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

SEP 27 1940

State of CANADA,
PROVINCE OF ALBERTA,
County of CITY OF DRUMHELLERAFFIDAVIT
ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

Mary Mehetabel Edmonson (Married Woman)

being first duly sworn says that

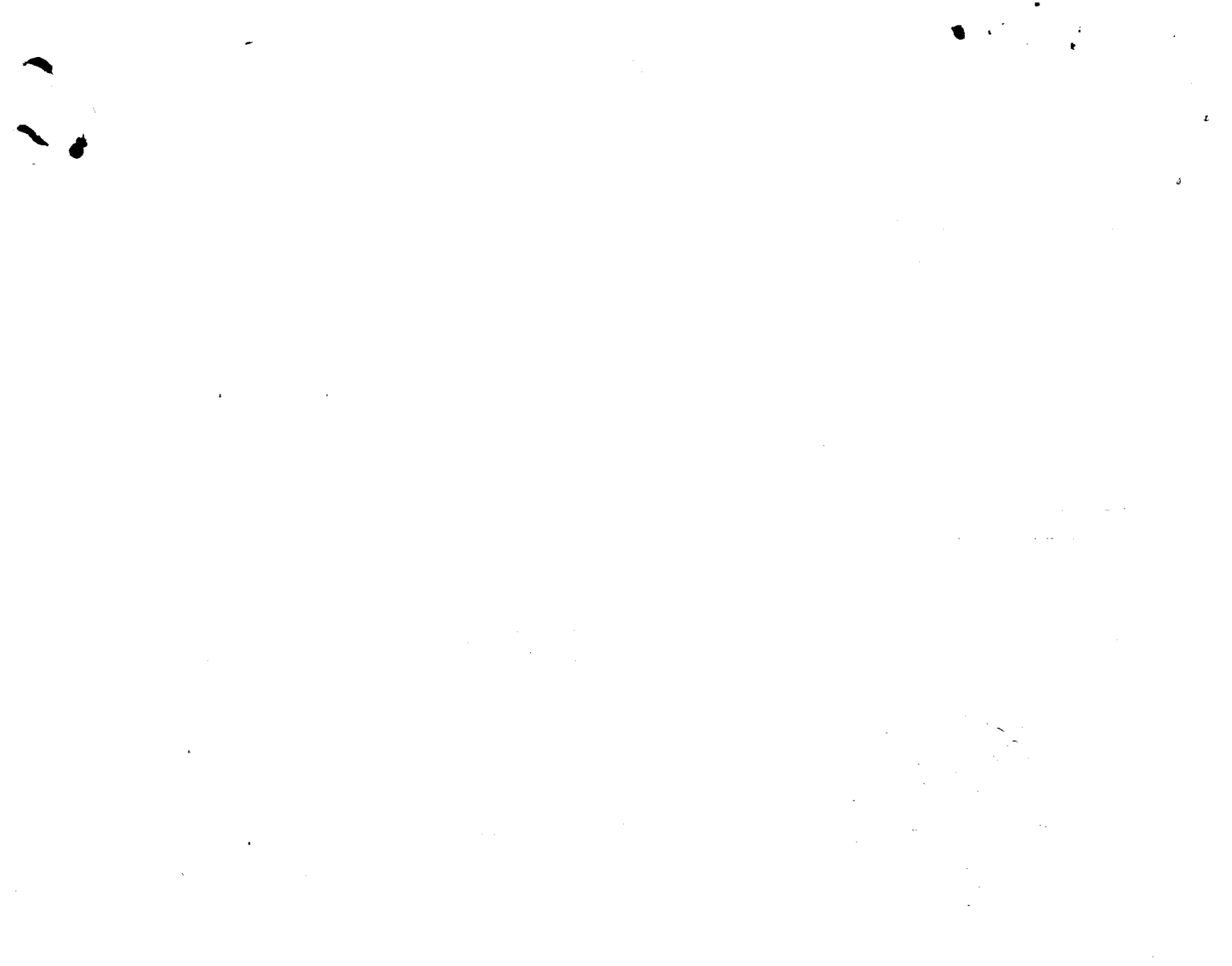
she is the Mother of Archie George Edmonson

(Relationship of child)*

born November 12th 1898 at Near Fletcher, Idaho., Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that she desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certi-
cate of birth of the said Archie George Edmonsonhereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.Affiant further states that there was no Medical Doctor or Midwife M. D. was the
medical attendant at the birth of said Archie George Edmonson Midwife and that
the said medical attendant is -----

(Now deceased (or) cannot be located)

Name of Affiant Mary Mehetabel EdmonsonP. O. Address Drumheller, Alberta, Canada.Subscribed and sworn to before me this 22nd day of August, 1940A Notary Public in and for Alberta. W. B. Baswell Notary Public.Residing at Drumheller, Alberta., Idaho.* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating
the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

653-130-029-533

299743
299703

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
OCT 1 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Cora
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 8 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Cora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Garfield, Wash.
3. **RESIDENCE OF FATHER** (city, state) Garfield, Wash.

4. **FULL NAME OF CHILD:** Clarence Felts
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth May 20, 1898
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Sylvester Jones Felts
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Hamptonville, N. Carolina
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

16. **FULL MAIDEN NAME** Elsie Ellis
17. Color white 18. Age at time of THIS birth 26 years
19. Birthplace Mahoney, Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Oct. 1, 1940 (b) Mae L. Atwood
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie Ellis Felts, being first duly sworn, say that I am Mother of Clarence Felts as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jane Strong, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Elsie Ellis Felts Name
Garfield, Washington P. O. Address

Subscribed and sworn to before me on this 30th day of September 1940
(SEAL) R. M. Shuman Notary Public, residing at G

201082

1011/10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST GLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 30 1940

STATE OF IDAHO

299783
State File No. 299783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Bonneville</u> (b) City <u>Ammon</u> (c) Street Address or R.F.D. No. <u>Home</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: <u>Hotel City (Boise)</u> In Hosp. or Mat. Home <u>days</u> In THIS county <u>2</u> years, <u>2</u> months, <u>24</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Ammon</u> (d) Street Address or R.F.D. No. <u>R.F.D. #1</u> (e) How long has MOTHER lived in Idaho? <u>16</u> yrs. (f) Mother's mailing address <u>Idaho Falls</u>	
4. FULL NAME OF CHILD <u>Howard Eugene Cox</u>		5. Date of Birth <u>Apr 26 1898</u> (Month, day, year)	
6. Sex <u>boy</u>	7. Twin or Triplet <u>If so—born 1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Solomon Lindsey Cox</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Lehi Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Luranie Elmina Cox</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> years 19. Birthplace <u>Panguish Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid solution</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11:30 A.M. on the date 2 and at the place stated above, and that personal particulars were furnished by mother who is related to this child as mother (First name) (Last name)

26. (a) Sep. 30, 1940 **(b)** Mae G. Atwood **25. Attendant's OWN signature** midwife M.D. or midwife (D.O., Midwife, etc.)
27. Given name added on by Vital Statistician and address Idaho Falls Date 26/3/1998

State of Idaho } ss.
County of Bingham }
I, Luranie Elmina Cox being first duly sworn, say that I am related to (Related to (or) acquainted with)
Howard Eugene Cox as mother (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 133, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mae Cook (midwife) who attended said birth. deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.
Luranie Elmina Cox Name
Elmina 909-32nd St.
Redondo Beach, Calif. Address
Subscribed and sworn to before me on this 25th day of September
Mae G. Atwood Notary Public, residing at Redondo Beach, Calif.
(SEAL) My Commission Expires Oct. 23, 1943

cc. 10-16-40 info

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-113040-514
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

229219
State File No. **229819**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Shoshone (b) OCT 4 1940

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. X days.

In THIS county 4 years 4 months 4 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Shoshone

(c) City Murray

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 4 yrs.

(f) Mother's mailing address Murray, Idaho

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Robert Robert Smith

5. Date of Birth

(Month, day, year) Feb. 13 - 1898

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

John Henry Smith

11. Color White 12. Age at time of THIS birth 45 yrs.

13. Birthplace Charleston Maine
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Meat Market

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Harris

17. Color or Race White 18. Age at time of THIS birth 45 years

19. Birthplace Humansville Mo.
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 8 P. M. on the date Oct 4, 1940 and at the place stated above, and that personal particulars were furnished by Susie E. Hendershot who is related to this child as Grandmother (First name) (Last name)

26. (a) Oct 4, 1940 (Date received) (b) Mac G. Atwood (Registrar's signature)

25. Attendant's OWN signature Mac G. Atwood M.D. or (D.O., Midwife, etc.)

27. Given name added on by Mac G. Atwood (Registrar's signature)

and address Idaho Date

State of Idaho } ss.

County of Shoshone

I, Susie E. Hendershot, being first duly sworn, say that I am Agent (Related to (or) acquainted with)

Harold Robert Smith as son (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mac G. Atwood (Name of attendant at birth), who attended

said birth. Mac G. Atwood and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30th day of September 1940

(SEAL)

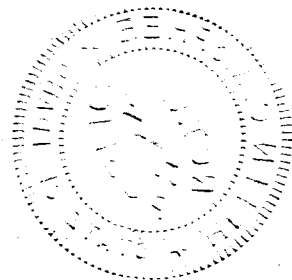
Mac G. Atwood Notary Public, residing at Murray Idaho

4-19-42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299849
299849
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (a) County TETON (b) City VICTOR
(c) Street Address or R.F.D. No. HOME CONFINEMENT
(d) Name of Hospital or Maternity Home: OCT 7 - 1940
(e) Mother's stay **BEFORE** delivery: 4 yrs.
In Hosp. or Mat. Home Victor, Idaho days.
In THIS county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Victor, Idaho

3. **RESIDENCE OF FATHER** (city, state) Victor, Ida

4. **FULL NAME OF CHILD** Wm Von West
5. Date of Birth 11/18/1898
(Month, day, year)
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Joseph Dedric West
11. Color White 12. Age at time of THIS birth 31 yrs.
or Race White
13. Birthplace Manti Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Drucilla Lisonbee
17. Color White 18. Age at time of THIS birth 30 years
Race White
19. Birthplace Springville, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business ditto

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date Oct 7, 1940 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mae G. Ottwood, who is related to this child as (Mother, etc.) (First name) (Last name)

26. (a) Oct 7, 1940 (b) Mae G. Ottwood
(c) Deputy of Vital Statistics 25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

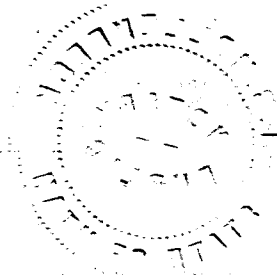
I, Joseph D. West, being first duly sworn, say that I am related Wm Von West as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Richard Drake, who attended said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 2nd day of October, A.D. 1940
(SEAL) H. B. Hollenbeck Notary Public, residing at Duchesne, Utah
My com. Exp. 5-10-42.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299907
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 4 days.
In THIS county 4 years 10 months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.
(f) Mother's mailing address Shoshone, Ida.

3. RESIDENCE OF FATHER (city, state) Shoshone Idaho

4. FULL NAME OF CHILD Relia Maude Harris
5. Date of Birth (Month, day, year) Oct. 3, 1898
6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Y

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Perry Harris</u>	16. FULL MAIDEN NAME <u>Ada Howard Harris</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>30</u> yrs.	18. Age at time of THIS birth <u>22</u> years
13. Birthplace <u>Hotchkissville, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Skalsmersdale, England</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at M. on the date Oct. 11, 1940 and at the place stated above, and that personal particulars were furnished by Mae L. Atwood, who is related to this child as (Mother, etc.) (First name) (Last name)

26. (a) Oct. 11, 1940 (Date received) (b) Mae L. Atwood (Registrar's signature)
27. Given name Relia Maude Harris and address Shoshone, Idaho
(D.O., Midwife, etc.)
(Date)
(First name) (Last name)

State of Idaho County of Blaine
I, Mrs. Elizabeth Howard being first duly sworn, say that I am related (Related to (or) acquainted with) Relia Maude Harris as Mother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Howard (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 10th day of October 1940
(SEAL) Notary Public, residing at Shoshone Idaho

beers

FEB 7 1967

RETURN TO REGISTERED
OFFICE OF THE CLERK

FEB 10 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH 299967
STATE OF IDAHO

299967

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Ada (b) City. Near Boise
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Ada
(c) City. Boise
(d) Street Address or R.F.D. No. R #1
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address. Dead
3. **RESIDENCE OF FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** Fred Gordon Hartley
5. Date of Birth (Month, day, year) Nov. 19, 1898
6. Sex. Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|-------------------------------|--|-------------------------------|---|
| 10. FULL NAME | <u>William Fulton Hartley</u> | 16. FULL MAIDEN NAME | <u>Anna Lee Morrison</u> |
| 11. Color or Race | <u>White</u> | 17. Color or Race | <u>White</u> |
| 12. Age at time of THIS birth | <u>34</u> yrs. | 18. Age at time of THIS birth | <u>27</u> years |
| 13. Birthplace | <u>Iowa</u>
(City or town) (State or foreign country) | 19. Birthplace | <u>McDonald County, Missouri</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation | | 20. Exact Occupation | <u>Housewife</u> |
| 15. Industry or Business | <u>Farmer & Cattleman</u> | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 4
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) 10/16/40 (b) Mae G. Steward
(Date received) (Registrar's signature)
27. Given name added on by Statistic
(Registrar's signature)
25. Attendant's **OWN** signature M.D. or
(D.O., Midwife, etc.)
and address Date

State of. Idaho } ss.
County of. Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Morris Hartley, being first duly sworn, say that I am related to Fred Gordon Hartley as Older Brother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Does not remember (Name of attendant at birth) who attended said birth. and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16th day of October, 1940
(SEAL) Agnes Dunn Notary Public, residing at Boise, Idaho

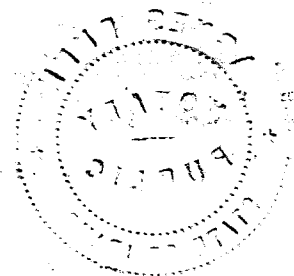
JUN 13 1942

AUG 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Moscow
No. R. F. D. St. 1916 114 029-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

300141

Registration District No. 200 State File No. 1237

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. 1237

2. FULL NAME OF CHILD Philander John Rawson

3. Sex <u>Male</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Mar. 14</u> 1898 (Month, Day, Year)
-----------------------	--	--	--------------------------------	--

9. Full name FATHER
Harry Grindel Rawson

10. Residence (usual place of abode)
(If non-resident, give place and State) RFD, Moscow

11. Color or race White | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) Taylorville
(State or Country) Iowa

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work March 1898
17. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid.

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed 10-18-40, 193 John E. Lohmeyer

Registrar.

30011

DEC 2 1941

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

301 21 1940

State Idaho
County of Latah

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Elizabeth Rawson being first duly sworn says that
she is the mother of Philander John Rawson
(Relationship of child)*
born March 14, 1898 at Moscow, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Philander John Rawson

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that C. A. Watkins, M. D., was the ~~Midwife~~ medical attendant at the birth of said Philander John Rawson and that the said medical attendant is now deceased.

(Now deceased (or) cannot be located)

Name of Affiant Mary Elizabeth Rawson
P. O. Address 1006 East "D" Street, Moscow, Idaho

Subscribed and sworn to before me this 16th day of October, 1940
HARRY A. THATCHER, Ex-officio Auditor and Recorder

By Bessie Babcock Deputy.
Residing at Moscow, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

14-00000

14-00000

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH <u>4419 227-035 413</u>		STATE OF IDAHO	
County of <u>Nez Perce</u>		DEPARTMENT OF PUBLIC WELFARE <u>301193</u>	
City of <u>Lewiston</u>		BUREAU OF VITAL STATISTICS	
No. <u>Third St & Fifth Ave. St.</u>		CERTIFICATE OF BIRTH	
Registration District No. <u>OCT 19 1940</u>		State File No. <u>301193</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____ Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>Mary Marek</u>			
3. Sex <u>female</u>		8. Date of birth <u>July 27, 1898</u> (Month, Day, Year)	
If plural births {		4. Twin, triplet, or other _____	
5. Number, in order of birth _____		6. Premature _____	
7. Legitimate? <u>yes</u>		7. Legitimate? <u>yes</u>	
9. Full name <u>FATHER John Albert Marek</u>		18. Full maiden name <u>MOTHER Katherine Machacek (Marek)</u>	
10. Residence (usual place of abode) <u>Lewiston Idaho</u> (If non-resident, give place and State)		19. Residence (usual place of abode) <u>Lewiston Idaho</u> (If non-resident, give place and State)	
11. Color or race <u>white</u>		20. Color or race <u>white</u>	
12. Age at last birthday <u>30</u> (years)		21. Age at last birthday <u>23</u> (years)	
13. Birthplace (city or place) <u>St John Bohemia</u> (State or Country) <u>Czechoslovakia</u>		22. Birthplace (city or place) <u>Hedvedice Bohemia</u> (State or Country) <u>Czechoslovakia</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mason work</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>housekeeper</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
16. Date (month and year) last engaged in this work _____		25. Date (month and year) last engaged in this work <u>December 11, 1938</u>	
17. Total time (years) spent in this work <u>9 years</u>		26. Total time (years) spent in this work <u>45 years</u>	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? <u>None used</u>			
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>two</u> (b) Born alive but now dead <u>one</u> (c) Stillborn <u>no</u>			
29. If stillborn, period of gestation _____		30. Cause of Stillbirth _____	
{ months or weeks		{ During labor _____ Before labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

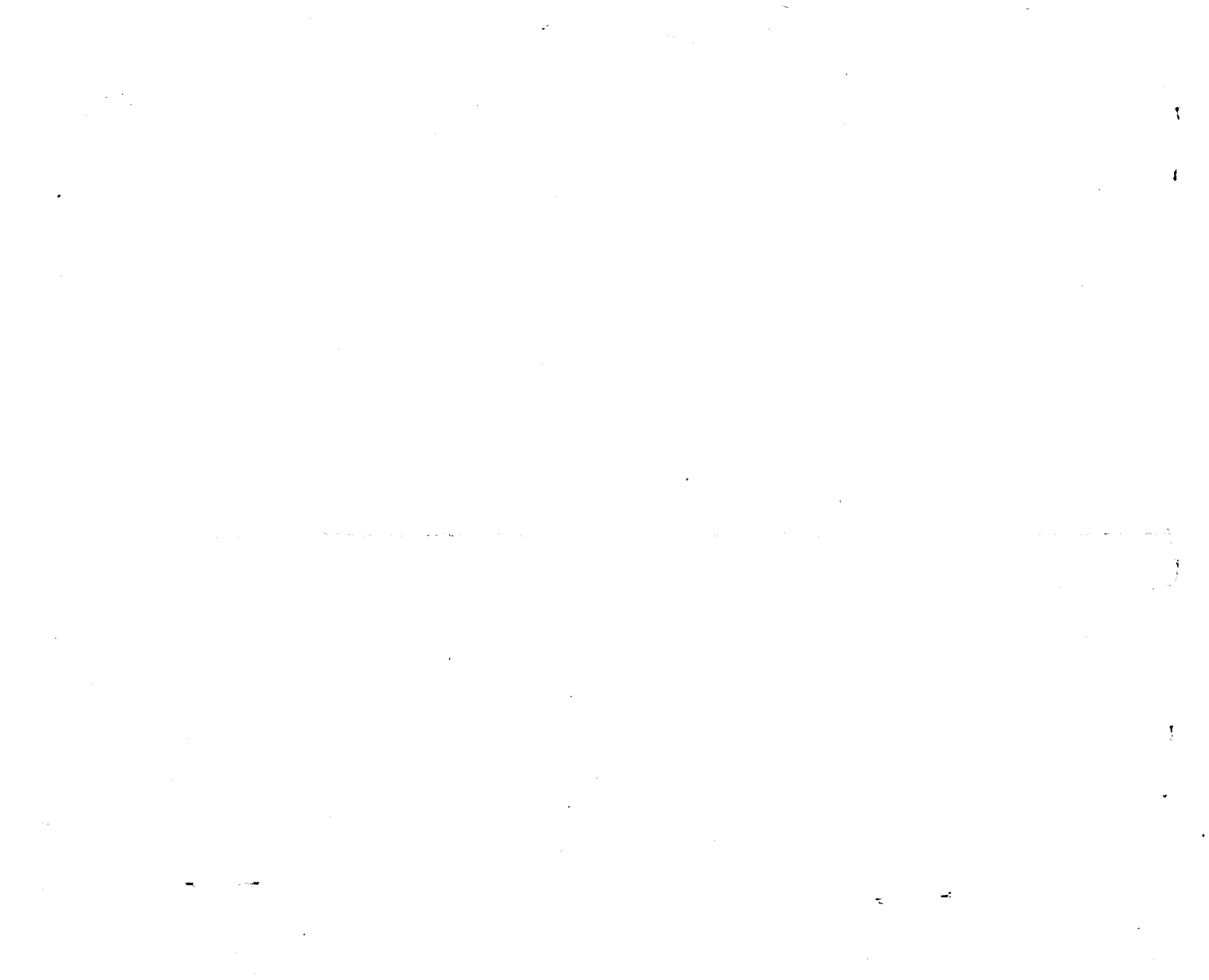
Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed Oct 15, 1940 Patricia Busby Registrar.



**DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS**

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

one copy 10/26/40 L. P.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301256
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Shoshone (b) City. Wardner, Idaho
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: 001 days
In Hosp. or Mat. Home. 240 days
In **THIS** county. 001 years. 240 months. 240 days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Washington (b) County. Spokane
(c) City. Spokane
(d) Street Address or R.F.D. No. 2625 E. Harrison
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address. 2625 E. Harrison
3. **RESIDENCE OF FATHER** (city, state). Spokane, Wash.

4. **FULL NAME OF CHILD.** Josephine Emma Caro
6. Sex. female
7. Twin or Triplet no
If so—born 1st, 2nd, 3rd 1st

5. Date of Birth
(Month, day, year) April 26, 1898

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Abbindio Caro
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace. Besano, Italy
(City or town) (State or foreign country)
14. Exact Occupation Stone cutter
15. Industry or Business no

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Henrietta Anderbegini
17. Color or Race white 18. Age at time of THIS birth 31 years
19. Birthplace. Besano, Italy
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 6 (b) Born alive and now living. Yes
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Oct. 24, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)

25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of. Washington } ss.
County of. Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Henrietta Caro, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Josephine Emma Caro as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Michett, who attended said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 22 day of Oct. 1940

(SEAL)

Ida Estep Notary Public, residing at Spokane

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381 209 029 755
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

301317

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 64

OCT 28 1940

1. PLACE OF BIRTH:
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
In THIS county 42 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address (same as d)

3. RESIDENCE OF FATHER (city, state) Troy, Ida.

4. FULL NAME OF CHILD William Marvin Chaney
5. Date of Birth (Month, day, year) Aug 9 1899
6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Wm Lewis Chaney
11. Color or Race W 12. Age at time of THIS birth 36 yrs.
13. Birthplace Wayne County, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD
16. FULL MAIDEN NAME May Jennings
17. Color or Race W 18. Age at time of THIS birth 36 years
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at P. M. on the date 10/26/40 and at the place stated above, and that personal particulars were furnished by William Chaney, who is related to this child as Father (Mother, etc.) (First name) (Last name)

26. (a) 10/26/40 (Date received) (b) Earl Alden - SA (Registrar's signature)
27. Given name added on..... by..... (Registrar's signature)
25. Attendant's Dr. West (deceased) OWN signature..... M.D. or..... (D.O., Midwife, etc.)
and address..... Date.....

State of Idaho } ss.
County of Latah
I, W. L. Chaney, being first duly sworn, say that I am related to (Related to (or) acquainted with)
William Marvin Chaney as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 199, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth) said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 26 day of Oct - 1940
(SEAL) Earl Alden Notary Public, residing at Troy, Ida.
Name W. L. Chaney
Residing at Troy, Idaho P. O. Address.....

JUN 1 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301350**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Fremont (b) City. Raxburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At parents home
(e) Mother's stay **BEFORE** delivery: OCT 26 1940
In Hosp. or Mat. Home. days.
In THIS county. years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Fremont
(c) City. Raxburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 56 yrs.
(f) Mother's mailing address. Raxburg, Idaho

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Shorland Abbott Harris
5. Date of Birth (Month, day, year) Dec. 7th, 1898
6. Sex. Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** George Henry Burrington Harris
11. Color White 12. Age at time of THIS birth. 41 yrs.
13. Birthplace. Pleasant Grove, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Life

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Victoria Josephine Sandgreen
17. Color or Race White 18. Age at time of THIS birth. 33 years
19. Birthplace. Ursula, Sweden
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 8 (b) Born alive and now living. 6
(c) Born alive and now dead. 2 (d) Stillborn. none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) 9 45 P. M. on the date and at the place stated above, and that personal particulars were furnished by Victoria Harris who is related to this child as mother (Mother, etc.) (First name) (Last name)

26. (a) 10-22-40 (Date received) (b) Mrs H E Young (Registrar's signature)
25. Attendant's Christina M Waltz M.D. or (D.O., Midwife, etc.)
OWN signature and address Date Dec 25
27. Given name added on deceased by Christina M Waltz (Registrar's signature)

State of. Idaho } ss.
County of. Madison
I, Victoria Josephine Sandgreen Harris, being first duly sworn, say that I am..... (Related to (or) acquainted with) as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Christina M. Waltz, who attended said birth. deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Victoria Josephine Sandgreen Harris Name
P. O. Address
Subscribed and sworn to before me on this 22 day of October, 1940
(SEAL) Al Stewart Notary Public, residing at Raxburg Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365730 001138
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **301447**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... **Ada** (b) City... **Boise**
(c) Street Address or R.F.D. No. **not known**
(d) Name of Hospital or Maternity Home: **confined at home** NOV 4 1940
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home... days.
In THIS county... **8** years... **2** months... **10** days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... **Idaho** (b) County... **Ada**
(c) City... **Boise City**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **12** yrs.
(f) Mother's mailing address... **Boise City**
3. **RESIDENCE OF FATHER** (city, state)... **Boise City**

4. **FULL NAME OF CHILD**... **Elmo Claire Coovert**
5. Date of Birth (Month, day, year)... **Jan. 30, 1898**
6. Sex... **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

- FATHER OF CHILD**
10. **FULL NAME**... **Jasper Wadsworth Coovert**
11. Color or Race... **White** 12. Age at time of THIS birth... **42** yrs.
13. Birthplace... **Logansport Indiana**
(City or town) (State or foreign country)
14. Exact Occupation... **Civil Engineer**
15. Industry or Business... **Surveying**
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**... **Eda Lanona Athey**
17. Color or Race... **White** 18. Age at time of THIS birth... **26** years
19. Birthplace... **Oregon City Oregon**
(City or town) (State or foreign country)
20. Exact Occupation... **Housewife**
21. Industry or Business...

22. Name prophylactic used to prevent Ophthalmia Neonatorum... **Not known**
23. Number of children of this mother: (a) At time of birth and including this child... **one** (b) Born alive and now living... **one**
(c) Born alive and now dead... (d) Stillborn...

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date... and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(Mother's name) (First name) (Last name)

26. (a) **Nov. 4, 1940** (b) **Mae G. Atwood**
(Date) (Registrar's signature)
27. Given name added on... by...
(Registrar's signature)
25. Attendant's **OWN** signature... M.D. or...
(D.O., Midwife, etc.)
and address Date

State of... **Oregon** } ss.
County of... **Josephine**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

E. E. Athey, being first duly sworn, say that I am... related to...
(Name of person on certificate above) (State relationship or acquaintance)
Elmo Claire Coovert as **his uncle**, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **person**, who attended said birth... **cannot be located** and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **26th** day of **September, 1940**

(SEAL)

Mae G. Atwood Notary Public, residing at **Cave Junction, Ore.**
My commission expires **Sept. 21, 1941**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **301640**
Local Reg. No.
Reg. Dist. No.

NOV 13 1940

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. R. 7, h.c.
(d) Name of Hospital or Maternity Home: my home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county 2 years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 44 yrs.
(f) Mother's mailing address Grangeville, Idaho
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Earl Mc Connell
6. Sex boy 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) Mar. 4, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert James Mc Connell
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Armand, Canada
(City or town) (State or foreign country)
14. Exact Occupation mill man
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary M. Berner
17. Color or Race White 18. Age at time of THIS birth 27 years
19. Birthplace Listowel, Canada
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P. M. on the date November 12, 1940 and at the place stated above, and that personal particulars were furnished by Mary M. McConnell who is related to this child as Mother
(Mother's name) (First name) (Last name)

26. (a) November 12, 1940 (Date received) Mae G. Atwood (Registrar's signature)

25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary M. McConnell, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Earl Mc Connell as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth) who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary M. McConnell Name
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of November 1940

(SEAL)

M. Atwood Notary Public, residing at Grangeville, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-2 30-00-249

301656

301656

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 301656

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state): _____ 1898
4. **FULL NAME OF CHILD** Ethel Marie Evans
5. Date of Birth (Month, day, year) Aug. 30, 1940
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Edward Lawrence Evans
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Maud Burns
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was 8 PM at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Nov. 15, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Evans, being first duly sworn, say that I am related Ethel Marie Evans as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ely (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Anna Evans Signature
215 north 14th Boise P.O. Address

Subscribed and sworn to before me on this 15th day of November, 19 40.
(SEAL) Dith Pendlebury Notary Public, residing at Boise, Idaho

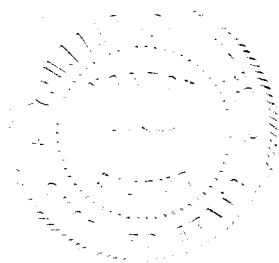
11/15/40

L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



1/8/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION
OF A RECORD

Mrs. Anna Evans of Boise, Idaho

Being first duly sworn, deposes and says that she is
(if related, specify degree,

the Mother of Ethel Marie Evans
if friend or otherwise, so state)

who was born in the city of Meridian, County of Ada
(was born, died)

on the 30th day of August, 1899, as stated in a certificate of birth
birth or

death filed by Mrs. Anna Evans, Mother
(name of physician or midwife, or undertaker for death)

with the State Registrar for the State of Idaho, County of

Idaho, on the 15th day of November, 1940.

That the following facts set forth in said certificate are not correctly
stated therein, to wit: Birthdate -- August 30, 1899

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Birthdate should be August 30, 1898.

(SEAL)

Affiant Mrs. Anna Evans

Address 216 & 14 St Boise

Subscribed and sworn to before me this 8th day of Jan, 1941

Ross A Haworth
Notary Public

STATE OF _____)
) SS.
COUNTY OF _____)

_____ of _____

being first duly sworn, deposes and says that he has knowledge of the facts
hereinbefore alleged and that the said facts as stated are true.

Affiant _____

Address _____

Subscribed and sworn to before me this _____ day of _____, 19____

(Seal)

Notary Public



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301727

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Patterson
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days. At home
In THIS county 3 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Lemhi
(c) City Patterson
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Patterson, Idaho

3. **RESIDENCE OF FATHER** (city, state) Patterson, Idaho

4. **FULL NAME OF CHILD** Mary Gallagher

5. Date of Birth December 15, 1898
(Month, day, year)

6. Sex.....

7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Thomas Gallagher

11. Color White 12. Age at time of THIS birth 27 yrs.

13. Birthplace Osage Mission, Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business on own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Miller

17. Color or Race White 18. Age at time of THIS birth 32 years

19. Birthplace Pawnee County, Nebr.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living two
(c) Born alive and now dead one (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. (a) Nov. 18, 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
26. Given name added on.....by.....
(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of Idaho } ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Gallagher, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (Related to (or) acquainted with)
Mary Gallagher as.....mother of Mary Gallagher, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Miller, who attended
(Name of attendant at birth)
said birth.....now deceased.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Ann Gallagher Name
Idaho P. O. Address
November, 1940
Subscribed and sworn to before me on this.....day of.....
(SEAL) John J. [Signature] Notary Public, residing at Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

66-2-113 635-632
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301763

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No. 1. 1st St. near Gifford
(d) Name of Hospital or Maternity Home: Nov 18 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Nez Perce
(c) City Gifford (d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Clarence John Foss 5. Date of Birth April 13, 1898
(Month, day, year)
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Syvert P. Foss
11. Color or Race W 12. Age at time of THIS birth 33 yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business.....

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Olson
17. Color or Race W 18. Age at time of THIS birth 34 years
19. Birthplace Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Nov. 13, 1940 (b) Patricia Burke
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of Idaho } ss.
County of Nez Perce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

S. P. Foss, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State relationship or acquaintance)
Clarence John Foss as Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician, who attended said birth....., and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

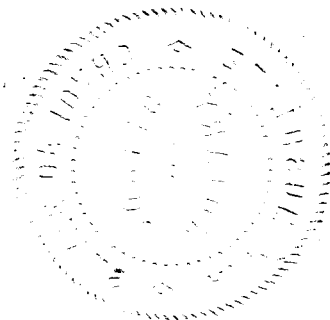
Subscribed and sworn to before me on this 13 day of November, 1940.
(SEAL) OR. Murphree Notary Public, residing at Lewiston, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Nov. 25, 1970. E.W.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

301781

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** Latah
(a) County Benewah (b) City Massena
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **RECEIVED**
NOV 18 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county 38 years. months. days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City Massena
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Cora Louise Ames 5. Date of Birth (Month, day, year) March 27, 1898
6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Albert Ames
11. Color or Race W 12. Age at time of THIS birth 30 yrs.
13. Birthplace Waukegan, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business General blacksmithing

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ellen Frances Purnell
17. Color or Race W 18. Age at time of THIS birth 24 years
19. Birthplace Albendale, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Nov. 28/1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
27. Given name Cora Louise Ames
(Registrar's signature)

25. Attendant's **OWN signature** M.D. or
(D.O., Midwife, etc.)
and address Date

State of Washington }
County of Ingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Frances Ames, being first duly sworn, say that I am related to
Cora Louise Ames as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor, who attended said birth, is now dead and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24 day of October 1940
(SEAL) Robert W. ... Notary Public, residing at Everett, W.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231 205 028 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 25 1940

302833

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: *near Bonners Ferry*
(a) County *Ashten* (b) City *Bonners Ferry*
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State *Idaho* (b) County *Kootenai*
(c) City *Bonners Ferry*
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? *2* yrs.
(f) Mother's mailing address *Bonners Ferry, Idaho*

4. FULL NAME OF CHILD *Daisy Mary Black*
6. Sex *Female* 7. Twin or Triplet *No* If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) *Bonners Ferry, Idaho*
5. Date of Birth (Month, day, year) *Jan 5-1898*
8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD
10. FULL NAME *Charles Denton Black*
11. Color or Race *white* 12. Age at time of THIS birth *27* yrs.
13. Birthplace *Baker City Oregon*
(City or town) (State or foreign country)
14. Exact Occupation *Farmer*
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME *Clara Viola Sloop*
17. Color or Race *white* 18. Age at time of THIS birth *28* years
19. Birthplace *Bonners Ferry Idaho*
(City or town) (State or foreign country)
20. Exact Occupation *house wife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) *NOV 25 1940* (b) *Mae G. Ottwood*
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of *Washington* } ss.
County of *Spoilane*

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Clara V. Black*, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (Related to (or) acquainted with)
Clara Black as *mother*, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Mrs. Parker*, who attended said birth.....
(Name of attendant at birth)
cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Clara V. Black Name
.....P. O. Address

Subscribed and sworn to before me on this *22nd* day of *November*, 1940
[Signature] Notary Public, residing at *Spoilane*
(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... Canyon (b) City... Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home... at home days.
In **THIS** county... few years... months... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... Idaho (b) County... Canyon
(c) City... Caldwell
(d) Street Address or R.F.D. No. 6
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address... Boise Idaho
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Burton Clarence Miller
5. Date of Birth (Month, day, year) Sept. 6, 1898
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|---|
| 10. FULL NAME <u>William Henry Miller</u> | 16. FULL MAIDEN NAME <u>Alice Annette Mullins</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>34</u> yrs. | 18. Age at time of THIS birth <u>20</u> years |
| 13. Birthplace <u>Boston, Mass.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Winnemucca Nevada</u>
(City or town) (State or foreign country) | 14. Exact Occupation <u>Farming</u> | 20. Exact Occupation <u>House Wife</u> |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 1 (b) Born alive and now living... yes
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about 11 A.M. on the date (born alive, stillborn) Alice Osborn, who is related to this child as mother (First name) (Last name)

26. (a) Dec. 6, 1940 (Date received) (b) Mae G. Atwood (Registrier's signature) 25. Attendant's OWN signature M.D. or (D.O., Midwife, etc.)
27. Given name added on... by Bureau of Vital Statistics (Registrar's signature) and address Date

State of... Idaho } ss.
County of... Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Osborn, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Burton Clarence Miller as his Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Plupps, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of December, 1940
John J. Jackson Probate Judge Ada County, Idaho.
Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613105028 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **302898**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

NOV 28 1940

1. PLACE OF BIRTH: (a) County <u>Kootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: (Residence) In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs. (f) Mother's mailing address <u>Coeur d'Alene</u>	
4. FULL NAME OF CHILD <u>Byron Carson Walker</u>		5. Date of Birth (Month, day, year) <u>Jan 5 - 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>7</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lee Byron Helton Walker</u>		16. FULL MAIDEN NAME <u>Emilia Hickman</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs.	
13. Birthplace <u>Westfield Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Whitman County Washington</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Teacher</u>		20. Exact Occupation <u>house wife</u>	
15. Industry or Business <u>none</u>		21. Industry or Business <u>none</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: 3 (a) At time of birth and including this child. 2 (b) Born alive and now living. 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) NOV 28 1940 (Date received) **(b)** Mae G. Atwood (Mother's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on Bureau of Vital Statistics by _____ (Registrar's signature) and address _____ Date _____

State of California } ss.
County of Placer

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Barrie Ernest being first duly sworn, say that I am the aunt of Byron Carson Walker (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of November, 1940
(SEAL) D.W. Lewis Notary Public, residing at Placer California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141 104 007 792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **302991**

DEC 3 1940

CERTIFICATE OF BIRTH

Local Reg. No. _____

- STATE OF IDAHO -

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Bullion
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 10 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state): _____

4. **FULL NAME OF CHILD** William James Adams

5. Date of Birth
(Month, day, year) Sept. 4, 1898

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Harry Alphonsus Adams
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Washington Iowa
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business _____

16. **FULL MAIDEN NAME** Margaretta Jane Gibson
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Eureka Nevada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Dec. 3, 1940 (Mother, etc.)
(Date received) (b) Mae L. Atwood
(Registrar's signature)
27. Given name added Bureau of Vital Statistics
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kissick Gibson, being first duly sworn, say that I am related to William James Adams as Uncle (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. J. Brown, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Kissick Gibson Signature
Hailey, Idaho P.O. Address

Subscribed and sworn to before me on this 28th day of November, 19 40

(SEAL)

Joseph M. Guld Notary Public, residing at Hailey, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada County
City of Boise
No. A619-212 001 432 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

303026

DEC 4 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edith Farrell

3. Sex F If plural births { 4. Twin, triplet, or other 0 5. Number, in order of birth 0 6. Premature 0 7. Legiti- mate? Yes 8. Date of birth Jan. 12, 1938 (Month, Day, Year)

9. Full name FATHER William Christopher Ferrell

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida

11. Color or race W. 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Edmonson Co. Kentucky

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work 1/12/28, 19____ 17. Total time (years) spent in this work Life

18. Full maiden name MOTHER Mary H. McKissick

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

20. Color or race W. 21. Age at last birthday 23 (years)

22. Birthplace (city or place) (State or Country) Fremont Co. Iowa.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.

25. Date (month and year) last engaged in this work 1/12/28, 19____ 26. Total time (years) spent in this work Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation XXXXXXXXXX months or weeks 30. Cause of Stillbirth XXXXXXXXXXXXXXXXXXXX { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:00 M. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

(Signed) _____, M. D.

or Wm B Ferrell (Father) _____, Midwife

Address Weiser, Ida.

Filed 12/3/40, 1938

Registrar.

Registrar.

12/3/40 L. B.

STATE OF IDAHO

DEC 4 1940

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho
County of Washington

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Wm. C. Ferrell being first duly sworn says that
he is the Father of Edith Pappas
(Relationship of child)*
born 1/12/1898 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edith Pappas.

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mrs. Bowles ~~xxx~~ was the Midwife
medical attendant at the birth of said Edith Pappas. and that
the said medical attendant is now deceased (now deceased (or) cannot be located)

Name of Affiant Wm C Ferrell

P. O. Address Weiser, Idaho.

Subscribed and sworn to before me this 3rd day of December, 19 40

[Signature]
Notary Public.

Residing at Cambridge, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

303116

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Wilo
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Farm home of Robert L. Bybee DEC. 10 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.....
In **THIS** county.....years.....3 months.....18 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Menan
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Menan, Idaho

3. **RESIDENCE OF FATHER** (city, state) Menan, Idaho

4. **FULL NAME OF CHILD** LESLIE SWART POOLE

5. Date of Birth (Month, day, year) August 22, 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Willi am Pool e

11. Color Anglo-Saxon 12. Age at time or Race White of THIS birth 28 yrs.

13. Birthplace Ogden, Utah
(City or town) (State or foreign country)

14. Exact Occupation Stationary Engineer

15. Industry or Business Wage Earner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elisabeth Bybee Poole

17. Color or Anglo-Saxon 18. Age at time of Race White THIS birth 28 years

19. Birthplace Smithfield, Utah
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) Dec. 10, 1940 (b) Mae G. Clewood 25. Attendant's
(Date received) (Registrar's signature) **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)

27. Given name added on.....Bureau of Vital Statistics
(Registrar's signature) and address Date

State of Idaho
County of Madison, } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Bybee Poole, being first duly sworn, say that I am.....**related to**
Leslie Swart Poole as.....**his mother**
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that.....Harriet Dabell....., who attended
said birth.....**is now deceased**.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Elizabeth Bybee Poole Name
Rexburg, Idaho
.....P. O. Address

Subscribed and sworn to before me on this.....8th.....day of.....December....., A. D. 1940

(SEAL) Mary Smith Notary Public, residing at.....Rexburg, Idaho.....

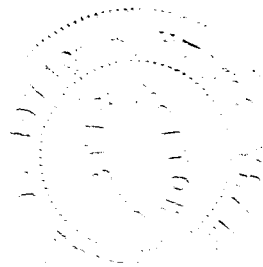
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

303161

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:
Born at family residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days
In **THIS** county years months days
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? life yrs.
(f) Mother's mailing address Weiser
3. **RESIDENCE OF FATHER** (city, state) Weiser

4. **FULL NAME OF CHILD** John Aaron Rose, Jr.
5. Date of Birth (Month, day, year) Sept. 6, 1898
6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Aaron Rose, Sr.
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace On Farm Virginia
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie E. Underwood
17. Color White 18. Age at time of THIS birth 26 years
19. Birthplace Placerville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Effie E. Rose, who is related to this child as mother
(Mother's name) (First name) (Last name)

26. (a) DEC 9 1940 (b) Mae G. Atwood
(Date received) (Registrar's signature)
25. Attendant's Joseph R. Numbers M.D. or Numbers (D.O., Midwife, etc.)
OWN signature and address Date 12-10-1940

State of California } ss.
County of San Francisco
Effie E. West, formerly John Aaron Rose, Jr. as Mother being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Joseph R. Numbers, who attended said birth, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 5th day of December, 1940
(SEAL) CR Horton Notary Public, residing at San Francisco, Cal.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155-19 004-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **303182**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Montpelier, Idaho
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** John Edward Jensen
5. Date of Birth (Month, day, year) May 19, 1898
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Theodore C. Jensen
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Idaho (City or town) Idaho (State or foreign country) Idaho
14. Exact Occupation Carpenter
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Nancy O. Stephens
17. Color or Race White 18. Age at time of THIS birth 20 years
19. Birthplace Montpelier, Idaho (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother) Mae G. Atwood (First name) (Last name) Atwood now dead

26. (a) Dec. 19, 1940 (Date received) (b) Mae G. Atwood (Registered) Signature
25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
27. Given name Bureau of Vital Statistics and address.....Date.....

State of Idaho } ss.
County of Bear Lake

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy O. Stephens Jensen, being first duly sworn, say that I am.....related to.....
(Name of person on certificate above) (State relationship or acquaintance)
John Edward Jensen as son Mother....., whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Geo. Hillier, who attended said birth.....
(Name of attendant at birth)
is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Nancy O. Stephens Jensen Name
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of Dec 1940
(SEAL) Chas. E. Jones Notary Public, residing at Montpelier, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315122036-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304285
Local Reg. No.
Reg. Dist. No.

Oneida
DEC 21 1940

1. PLACE OF BIRTH: (a) County. <u>Rockland</u> (b) City. <u>Rockland</u> (c) Street Address or R.F.D. No. <u>Gen. Del.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Boone</u> (c) City. <u>Rockland</u> (d) Street Address or R.F.D. No. <u>Gen. Del.</u> (e) How long has MOTHER lived in Idaho? <u>14</u> yrs. (f) Mother's mailing address. <u>Rockland, Idaho</u>	
4. FULL NAME OF CHILD <u>Leonard George Lance</u>		5. Date of Birth (Month, day, year) <u>April 22 - 1898</u>	
6. Sex. <u>Male</u>	7. Twin or Triplet <u>No</u> born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Thomas Lance</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>33</u> yrs. 13. Birthplace. <u>Texas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Black Smith</u> 15. Industry or Business <u>Business</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ellen Budge</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>28</u> years 19. Birthplace. <u>Odgen Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child. <u>5</u> (b) Born alive and now living. <u>5</u> (c) Born alive and now dead. <u>0</u> (d) Stillborn. <u>None</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> at <u>3</u> P.M. on the date and at the place stated above, and that personal particulars were furnished by <u>Ellen Lance</u> , who is related to this child as <u>Mother</u> (First name) (Last name) <u>Mae G. Atwood</u> (Mother's name)			
26. (a) <u>Dec. 21, 1940</u> (Date received) (b) <u>Mae G. Atwood</u> (Name of person on certificate above)		25. Attendant's OWN signature <u>Deceased</u> M.D. or (D.O., Midwife, etc.)	
27. Given name added on. by <u>Bureau of Vital Statistics</u> (Registrar's signature)		and address Date	

State of California } ss.
County of Los Angeles

I, Ellen Lance, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Leonard George Lance as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 29, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Rish, who attended said birth, is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16th day of December, 1940
(SEAL) Eugenia G. Lewis Notary Public, residing at Alhambra, California
of Los Angeles. State of California. California

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699102 007458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304296**
Local Reg. No. **745**
Reg. Dist. No. **410**

DEC 21 1940

1. **PLACE OF BIRTH**
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years months days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address Hailey, Idaho
3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida.

4. **FULL NAME OF CHILD** Frederick Auerbach Friedman
5. Date of Birth 11-2-1898
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|-----------------|--|
| 10. FULL NAME <u>Simon J. Friedman</u> | 16. FULL MAIDEN NAME <u>Luscha Meyer</u> | | |
| 11. Color <u>white</u> or Race 12. Age at time of THIS birth <u>51</u> yrs. | 17. Color <u>white</u> or Race 18. Age at time of THIS birth <u>34</u> years | | |
| 13. Birthplace <u>Near Thorn Germany</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Near Fordon Germany</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Merchant</u> | 20. Exact Occupation <u>Housekeeper</u> | | |
| 15. Industry or Business <u>General Merchandise</u> | 21. Industry or Business <u>Home</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 5 P. M. on the date 12-11-1940 and at the place stated above, and that personal particulars were furnished by Robert H. Wright, who is related to this child as (Mother, etc.) (First name) (Last name)

26. (a) 12-11-1940 (Date received) (b) Robert H. Wright (Registrar's signature)
27. Given name added on by Robert H. Wright (Registrar's signature)
25. Attendant's **OWN** signature M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Luscha Meyer Friedman being first duly sworn, say that I am related to Frederick Auerbach Friedman as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. J. Brown, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Luscha Meyer Friedman Name
Box 186, Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 11 day of Dec 1940

(SEAL) J. M. Z. Schenck Notary Public, residing at Hailey, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315 715 044 866
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

304345

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 27 1940

1. PLACE OF BIRTH: (a) County..... <u>Washington</u> City..... <u>Near Council</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home..... days. In THIS county..... years..... months..... days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State..... <u>Idaho</u> (b) County..... <u>Washington</u> (c) City..... <u>near Council</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... <u>50</u> yrs. (f) Mother's mailing address..... <u>Council, Idaho</u>	
4. FULL NAME OF CHILD <u>Martin Lane</u>		5. Date of Birth <u>June 15, 1898</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Martin Burton Lane</u>		14. FULL MAIDEN NAME <u>Sarah Cornelia Hoffman</u>	
11. Color or Race <u>white</u>		15. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>43</u> yrs.		16. Age at time of THIS birth <u>42</u> years	
13. Birthplace <u>Indiana</u> (City or town) (State or foreign country)		17. Birthplace <u>New York</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		18. Exact Occupation <u>Housewife</u>	
15. Industry or Business		19. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child..... <u>7</u> (b) Born alive and now living..... <u>6</u> (c) Born alive and now dead..... <u>1</u> (d) Stillborn..... <u>no</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother) (First name) (Last name)			
26. (a) Dec. 27, 1940 (Date received)		25. Attendant's (Register's signature)..... M.D. or..... <u>Bureau of Vital Statistics</u> (D.O., Midwife, etc.)	
27. Given name added on by..... (Registrar's signature)		and address Date	

State of..... Idaho }
County of..... Adams } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah C. Lane, being first duly sworn, say that I am..... related
(Name of person on certificate above) (Related to (or) acquainted with)
Martin Lane as..... mother, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... none, who attended
(Name of attendant at birth)
said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Sarah C. Lane Name
Council, Idaho P. O. Address

Subscribed and sworn to before me on this..... 26th day of..... December, 1940.....

(SEAL)

Mildred M. Moore Notary Public, residing at.....
Clerk District Court

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

State File No. **304537**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: Lincoln
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Gooding, Idaho

3. RESIDENCE of FATHER (city, state): Gooding, Idaho

4. FULL NAME OF CHILD Henry Franklin Haydon
5. Date of Birth (Month, day, year) Aug 20 1898
6. Sex Male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Milton Haydon
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Grassy Dick Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Farmer + stockraiser
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Lola May Stanton
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Pewiston Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Jan. 6, 1941 (Mother, etc.) Mae G. Atwood
(Date received) (b) _____ (Registrar's signature)
27. Given name added on _____ by Mae G. Atwood (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Elmore
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Lola M. Haydon being first duly sworn, say that I am Related
Henry Franklin Haydon as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lottie Edwards, who attended said birth is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Lola M Haydon Signature
Hammitt, Idaho P. O. Address

Subscribed and sworn to before me on this 22 day of January 19 41
(SEAL) Leo F. Robinson Notary Public, residing at Glenn Ferry Ida

JUL 6 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued Jan. 6, 1941. H.W.

818-720024-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304537

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Henry Franklin Haydon				2. Date (month) (day) (year) August 20, 1899	
	3. Color or Race White	4. Sex Male	5. Place of Birth Gooding	b. City or Town of Birth Gooding		
FATHER	6. Full Name of Father John Milton Haydon				7. State or Country of Father's Birth Kentucky	
MOTHER	8. Full Maiden Name of Mother Lolo May Stanton				9. State or Country of Mother's Birth Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lolo May Haydon</i>		11. Present Address of Registrant <i>Box 32 Seneca Oregon</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>August 12 1967</i>			12. Signature of Notary <i>Lex Kay Seebart</i>		13. Notary Commission expires <i>April 17 1971</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar		Evidence reviewed by	Date Filed	

correction

2.8-4-67 88

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

282-125 026-282 RECEIVED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **304716**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County. <u>Jefferson</u> (b) City. (c) Street Address or R.F.D. No. <u>N.O.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: <u>Annies Idaho</u> In Hosp. or Mat. Home. days. In THIS county. years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State. <u>Idaho</u> (b) County. <u>Jefferson</u> (c) City. (d) Street Address or R.F.D. No. <u>N.O.</u> (e) How long has MOTHER lived in Idaho? <u>4.6</u> yrs. (f) Mother's mailing address <u>Laramie</u> 3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	
4. FULL NAME OF CHILD <u>Lloyd Merrill Byher</u> 7. Twin or Triplet If so - born 1st, 2nd, 3rd		5. Date of Birth (Month, day, year) <u>July 25 1898</u> 6. Sex <u>Male</u> 8. No. months of Pregnancy <u>9. Legitimate?</u> <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Edward Byher</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>3.0</u> yrs. 13. Birthplace <u>Statisville Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nettie Chadwick Byher</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>3.0</u> years 19. Birthplace <u>Statisville Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Domestic</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>None</u> (b) Born alive and now living <u>Yes</u> (c) Born alive and now dead <u>None</u> (d) Stillborn <u>None</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and after place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.) (First name) (Last name)			
26. (a) <u>JAN 15 1941</u> (Date received) (b) <u>Clayde A. Bridges</u> (Registrar's signature) Acting		25. Attendant's OWN signature M.D. or <u>Is dead now</u> (D.O., Midwife, etc.) and address <u>Menan</u> Date	
27. Given name added on by (Registrar's signature)			

State of Idaho } ss.
County of Jefferson }
Mrs. Nettie Chadwick Byher, being first duly sworn, say that I am The Mother (Related to (or) acquainted with)
Lloyd Merrill Byher as whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Edmund R. Byher (Name of attendant at birth) who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 14th day of January 1941
(SEAL) George M. Rivers Notary Public, residing at Menan Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252109 014154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **304795**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Canyon (b) City Emmett

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Emmett

(d) Street Address or R.F.D. No. 115 W. 2nd St.

(e) How long has MOTHER lived in Idaho? _____ yrs.

(f) Mother's mailing address Box 303

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD

Sterla Keggard

5. Date of Birth (Month, day, year) Aug-9-1938

6. Sex Male

7. Twin or Triplet _____

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Chris Keggard

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Preston Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming & Dairying

MOTHER OF CHILD

16. FULL MAIDEN NAME

Etta Anderson

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Emmett Idaho
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 P.M. on the date, Aug-9-1938 (born alive, stillborn) Etta Anderson, who is

and at the place stated above, and that personal particulars were furnished by Etta Anderson (First name) (Last name)

related to this child as Mother (Mother, etc.)

26. (a) JAN 17 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

25. Attendant's

OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Etta Keggard, being first duly sworn, say that I am Related To Sterla Keggard as Mother (Related to (or) acquainted with) (whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Anderson (Name of attendant at birth) who attended

said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Etta Keggard Signature
Box 303 Emmett, Idaho P.O. Address

Subscribed and sworn to before me on this 17 day of Jan, 1941

(SEAL)

Notary Public, residing at Emmett, Ida

DEC 9 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

FEB 3 1941

Where the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

306096

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Ortenwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ months _____ days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Ortenwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address.
3. RESIDENCE OF FATHER (city, state).

4. FULL NAME OF CHILD Bruce G Lee
5. Date of Birth (Month, day, year) 4/13/1898
6. Sex M 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Archibald Lee
11. Color W 12. Age at time of THIS birth 35 yrs.
13. Birthplace Stellingsma, Tenn
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah E Alexander
17. Color W 18. Age at time of THIS birth 25 years
19. Birthplace Jewell City, Kans
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Charlotte McPherson who is related to this child as _____
(Mother, etc.) (First name) (Last name)

26. (a) FEB 3 1941 (b) Lily de A Bridger
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)
25. Attendant's OWN signature Dead M.D. or Dead
(D.O., Midwife, etc.)
and address _____ Date _____

- State of Washington ss.
County of Yakima
I, Charlotte McPherson, being first duly sworn, say that I am an aunt (Related to (or) acquainted with)
Bruce G Lee as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pruitt (Name of attendant at birth)
said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 31 day of January
(SEAL) Ad. Daney County Commissioner, Notary Public, residing at Pomeroy, Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

JAN 30 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

306112

1. PLACE OF BIRTH:

(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. approx
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address deceased

3. RESIDENCE of FATHER (city, state): deceased

4. FULL NAME OF CHILD

Adah Elliott

5. Date of Birth

(Month, day, year) Dec. 23 1898

6. Sex

female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Thomas Elliott

11. Color or Race

White

12. Age at time of THIS birth

42 yrs.

13. Birthplace

Thurghland, England
(City or town) (State or foreign country)

14. Exact Occupation

Attorney

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Agnes Burkinshaw Elliott

17. Color or Race

White

18. Age at time of THIS birth

42 yrs.

19. Birthplace

Thurghland, England
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

JAN 30 1941

(Mother, etc.)

26. (a) (Date received)

(b) Clyde A. Bridger
(Registrar's signature)

25. Attendant's

OWN signature.

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address

Date

State of Idaho

County of Madison

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John T. Elliott, being first duly sworn, say that I am related to Adah Elliott as brother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Hyde (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 29th day of January, 19 41.

(SEAL)

DEPUTY

John T. Elliott Signature
203 East 2nd South St. Rexburg, Idaho P.O. Address
Rexburg, Idaho residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2/7/41 Z.J.

389-219-025-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306396**

FEB 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Manvel home
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 3 years 6 month 19 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bozeman
(c) City Manvel home 50 mi. W. of
(d) Street Address or R.F.D. No. Shawnee
(e) How long has **MOTHER** lived in Idaho? Three yrs.
(f) Mother's mailing address Hardin, Mont

4. **FULL NAME OF CHILD** Camille Albertine Christiansen

5. Date of Birth (Month, day, year) Aug 19-1898

6. Sex _____ 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

10. **FULL NAME** Enoch Christiansen

MOTHER OF CHILD

11. Color or Race white 12. Age at time of THIS birth 29 yrs.

16. **FULL MAIDEN NAME** Theresa Hartvigsen
17. Color or Race white 18. Age at time of THIS birth 33 yrs.

13. Birthplace Hyrum Utah
(City or town) (State or foreign country)

19. Birthplace Hyrum Utah
(City or town) (State or foreign country)

14. Exact Occupation stock raising
15. Industry or Business Raising cattle

20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 13 1941 (Mother, etc.)
(Date received) (b) Edgar J. Bridger
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's **OWN** signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Montana
County of Big Horn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theresa Christiansen, being first duly sworn, say that I am related to Camille Albertine Christiansen as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Mary Brackett (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Theresa Christiansen Signature
Hardin, Montana P. O. Address

Subscribed and sworn to before me on this 11 day of February, 19 41

(SEAL)

Notary Public, residing at _____

MAR 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306416**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Eagle
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

4. **FULL NAME OF CHILD** Mary Ethel Conway
5. Date of Birth (Month, day, year) July 16, 1898
6. Sex _____ If so—born 1st, 2nd, 3rd _____
7. Twin or Triplet _____

3. **RESIDENCE of FATHER** (city, state). Eagle Idaho
8. No. months of Pregnancy _____
9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** William Henry Conway
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Boise Idaho
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business _____

16. **FULL MAIDEN NAME** Francis Elizabeth Brashears
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Pike County Missouri
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) 2/15/41 (b) Clyde A. Bridges
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, W. H. Conway, being first duly sworn, say that I am related to
Mary Ethel Conway as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not Known, who attended said birth. is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

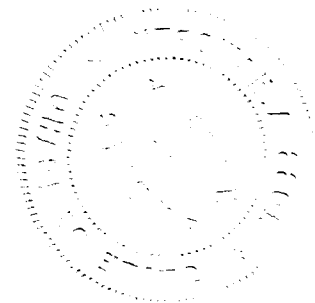
William Henry Conway Signature
Boise Idaho P.O. Address

Subscribed and sworn to before me on this 15th day of Jan., 1941
(SEAL) Ross A. Hawthorne Notary Public, residing at Boise, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-122-032-419

306455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Lincoln City Shoshone
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** country 9 years month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address _____
3. **RESIDENCE of FATHER** (city, state) Shoshone Ida

4. **FULL NAME OF CHILD** John Francis M. Saviers
7. Twin or Triplet _____ If so - born 1st, 2nd, 3rd _____
6. Sex male

5. Date of Birth (Month, day, year) Nov 22, 1898
8. No. months of Pregnancy 9 9. Legitimate? no

FATHER OF CHILD
10. **FULL NAME** John J. Saviers
11. Color or Race white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Ohio
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Rebecca Macomb
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Little Rock Ark.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9:30 P M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 5 1941 (Mother, etc.) Clyde A. Bridger
(Date received) (b) Acting Director
(Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's Myrtle Bunnell M.D.
OWN signature _____ (D.O., Midwife, etc.)
and address Burley Idaho Date 2-5-41

State of Idaho } ss.
County of Basco

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Myrtle Bunnell, being first duly sworn, say that I am related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. O. Benson, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Myrtle Bunnell Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of February 1941
(SEAL) Myron Notary Public, residing at Burley Idaho
Myron ex March 1-1943

FEB 12 1964

Certified copy issued 2-24-1941. dp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECORDED

FEB 17 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **306476**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county 25 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address P-5 Box 5205
3. **RESIDENCE of FATHER** (city, state): Sacramento

4. **FULL NAME OF CHILD** Robert Dewey Snodgrass

5. Date of Birth
(Month, day, year) 6-1-1898

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Thomas William Snodgrass
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Selina Ohio
(City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

16. **FULL MAIDEN NAME** Mary Hopkins
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Oakley Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A.M. on the date Feb 17 1941 and at the place stated above, and that personal particulars were furnished by Mary Snodgrass, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) _____ (Date received)
(b) Clayde A. Bridger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Sacramento

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Snodgrass, being first duly sworn, say that I am the mother of Robert Dewey Snodgrass as _____ (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Hoghland (midwife), who attended said birth is deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Snodgrass Signature
P-5 Box 5205 Sacramento Cal. P. O. Address

Subscribed and sworn to before me on this 5th day of February, 19 41

(SEAL)

W. E. Raymond Notary Public, residing at Fair Oaks Calif

DELAYED REGISTRATION LAW

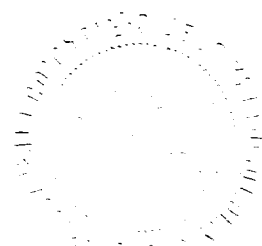
(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

rmf

2/25/41

cc



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **306479**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH:** (a) County Idaho (b) City nr. Harpster
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 2 years 4 month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City nr. Harpster
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 yr. 4 mos.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state). Idaho

4. **FULL NAME OF CHILD** Pearl Isabell Lamb
5. Date of Birth (Month, day, year) May 25, 1898
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Irwin Lamb
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace California
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Melvina Kimball
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Poke Co., Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)
26. (a) _____ (Date received) (b) Edna F. Cheney (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Kimball Lamb, being first duly sworn, say that I am related
Pearl Isabell Lamb as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bucay, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Alice Kimball Lamb Signature
State of Washington --- Issaquah, Rt. A, c/o Nelson Howell P.O. Address

Subscribed and sworn to before me on this 14th day of February, 19 41
(SEAL) Edna F. Cheney Notary Public, residing at Fall City

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

cc 2/25/41 rmf

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **306511**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp or Mat. Home days. In THIS county <u>3</u> years <u>8</u> month <u>22</u> days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>34.8</u> yrs. (f) Mother's mailing address <u>Boise Idaho</u>	
4. FULL NAME OF CHILD <u>Gladys Marcellus</u> 6. Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		3. RESIDENCE of FATHER (city, state): <u>Boise Idaho</u> 5. Date of Birth (Month, day, year): <u>Aug 22 - 1896</u> 8. No. months of Pregnancy _____ 9. Legitimate? <u>yes.</u>	
10. FULL NAME of FATHER <u>Frank Marcellus</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>West Day New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		16. FULL MAIDEN NAME of MOTHER <u>Letitia Van Cuy</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Town of Day N. Y.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>School Teacher</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) **(b)** Chas. A. Briggs (Registrar's signature)
25. Attendant's OWN signature _____ **M.D.** _____ (D.O., Midwife, etc.)
27. Given name added on _____ **by** _____ (Registrar's signature) **and address** _____ **Date** _____

State of Idaho } ss.
 County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Gladys Marcellus being first duly sworn, say that I am Father (Related to (or) acquainted with) Gladys Marcellus as Father whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 29, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Frank Marcellus (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Frank Marcellus
 P. O. Address Boise Idaho R.D. # 2

Subscribed and sworn to before me on this 11th day of Feb, 1941
 (SEAL) Herbert La Salle Notary Public, residing at Boise, Ida

4642 1/2 1/2 1/2 1/2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

595703 004 269

307691

307691

United States
Department of Commerce
Bureau of the Census

FEB 21 1944

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
In THIS county 1 years 1 month 19 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. none 1st mo
(e) How long has MOTHER lived in Idaho? 6, 1938, 1940
(f) Mother's mailing address Montpelier, Idaho

4. FULL NAME OF CHILD Harry Washington Nielsen

5. Date of Birth (Month, day, year) July 3, 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jens Nielsen
11. Color or Race White 12. Age at time of THIS birth 57 yrs.
13. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
14. Exact Occupation Shoemaker and cobbler
15. Industry or Business Shoe Repairing

MOTHER OF CHILD

16. FULL MAIDEN NAME Sorensen
Hannah Marie Nielsen
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Westervig Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Edythe A. Bridger (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of Wyoming } ss.
County of Albany

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hannah Marie Nielsen, being first duly sworn, say that I am Related Harry Washington Nielsen as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hoover, who attended said birth cannot be located (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Hannah Marie Nielsen Signature
615 Cedar Street, Laramie, Wyoming P. O. Address

Subscribed and sworn to before me on this 28th day of January, 1941
(SEAL) E. R. Haddleton Notary Public, residing at Laramie, Wyoming

My Commission Expires _____

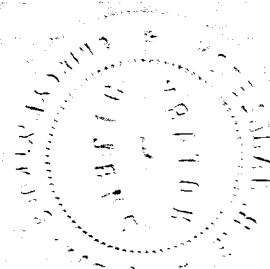
cc 2/27/41 rmf

FEB 23 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
FEB 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

- | | |
|--|---|
| <p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Bear Lake</u> (b) City <u>Montpelier</u></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: <u>At home</u></p> <p>(e) Mother's stay BEFORE delivery: _____</p> <p>In Hosp. or Mat. Home _____ days.</p> <p>In THIS county _____ years _____ month _____ days.</p> | <p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Bear Lake</u></p> <p>(c) City <u>Montpelier</u></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.</p> <p>(f) Mother's mailing address <u>Montpelier, Idaho</u></p> <p>3. RESIDENCE of FATHER (city, state) <u>Montpelier, Ida.</u></p> |
|--|---|

- | | | |
|---|---|--|
| <p>4. FULL NAME OF CHILD <u>Edward Franklin Closser</u></p> <p>6. Sex <u>Male</u></p> | <p>7. Twin or Triplet <u>No</u></p> <p>If so—born 1st, 2nd, 3rd _____</p> | <p>5. Date of Birth (Month, day, year) <u>Sept. 10, 1898</u></p> <p>8. No. months of Pregnancy <u>9</u></p> <p>9. Legitimate? <u>Yes</u></p> |
|---|---|--|

- | | |
|--|---|
| <p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Theodore William Closser</u></p> <p>11. Color or Race <u>White</u></p> <p>12. Age at time of THIS birth <u>37</u> yrs.</p> <p>13. Birthplace <u>Bern, Switzerland</u></p> <p>(City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Railroad Boilerwasher</u></p> <p>15. Industry or Business <u>Railroad</u></p> | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Mae Herron</u></p> <p>17. Color or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>34</u> yrs.</p> <p>19. Birthplace <u>Bern, Switzerland</u></p> <p>(City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business _____</p> |
|--|---|

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6
- (c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 o'clock A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Theodore William Closser, who is related to this child as father (First name) (Last name)
- (Mother, etc.)
26. (a) 2/25/41 (b) Clyde A. Bridger
- (Date received) (Registrar's signature)
25. Attendant's OWN signature _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
- (Registrar's signature)

State of Idaho } ss.
County of Bear Lake

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theodore William Closser, being first duly sworn, say that I am related to Edward Franklin Closser as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bridges, a midwife, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Theodore William Closser Signature
Montpelier, Idaho P.O. Address

Subscribed and sworn to before me on this 17 day of February, 19 41

(SEAL) Albert E. Deenright Notary Public, residing at Montpelier, Idaho

JAN 25 1949

2/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

307907

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Mrs. Anna Dillon Now Mrs. Anna
(e) Mother's stay BEFORE delivery: Dillon Silken
In Hosp. or Mat. Home 30 days.
In THIS county 1 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Gibbonsville, Idaho

3. RESIDENCE of FATHER (city, state): Gibbonsville, Idaho

4. FULL NAME OF CHILD Harold Joseph Bahm

5. Date of Birth (Month, day, year) July 8 1898

6. Sex Male

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd NO

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Daniel Bahm
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Austria
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

16. FULL MAIDEN NAME Anna Lowney
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Houghton Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two
(c) Born alive and now dead _____ (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at -- M. on the date July 8 1941 and at the place stated above, and that personal particulars were furnished by Anna Bahm, who is related to this child as Mother (First name) (Last name)

26. (a) MAR 3 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting by _____ (Registrar's signature)

25. Attendant's OWN signature Anna Dillon Silken (D.O., Midwife, etc.)
and address Gibbonsville Date Idaho

State of Idaho

County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Bahm, being first duly sworn, say that I am related (Related to (or) acquainted with)
Harold Joseph Bahm as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Anna Dillon, who attended said birth, cannot be located and that this birth has not been previously recorded (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Anna Bahm Signature
Salmon, Idaho P.O. Address

Subscribed and sworn to before me on this February day of 1941

(SEAL)

February 19 41
Salmon, Idaho
Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

241-202-035-231

United States
Department of Commerce
Bureau of the Census

(Assure the information is as of date of birth of THIS child)

State File No. **308044**

CERTIFICATE OF BIRTH

Local Reg. No. _____

MAR 7 1941

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

- (a) County **Nez Perce** (b) City **Lewiston**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county **18** years month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

- (a) State **Idaho** (b) County **Nez Perce**
(c) City **Lewiston**
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? **50** yrs.
(f) Mother's mailing address. _____

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD **Audrey Belle Smailes**

5. Date of Birth **II-22-'98**
(Month, day, year)

6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd **No** 8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME **Robert Smailes**
11. Color or Race **White** 12. Age at time of THIS birth **30** yrs.
13. Birthplace **Walla Walla, Wash.**
(City or town) (State or foreign country)
14. Exact Occupation **Teamster.**
15. Industry or Business _____

16. FULL MAIDEN NAME **Carrie Blackley**
17. Color or Race **White** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **State of Ore.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

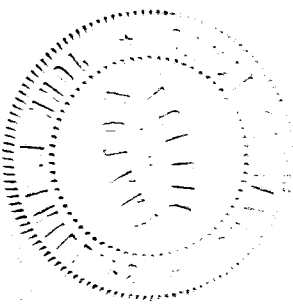
26. (a) _____ (Date received) (b) **Lyle A. Bridge** (Registar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____ (Registar's signature)

State of **Idaho**
County of **Nez Perce** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Carrie Franklin, being first duly sworn, say that I am **related**
Audrey Belle Smailes as **mother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **None**, who attended said birth (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this **3** day of **Mar. 1941** Signature _____
(SEAL) **John A. Phillips** Notary Public, residing at **Lewiston, Ida.**



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

21-11-12-12-12-12

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States
Department of Commerce
Bureau of the Census

RECEIVED

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 7 1941

308121
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County. Bannock (b) City. Soda Springs
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
In THIS county..... years..... months..... days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State. Idaho (b) County. Bannock
(c) City. Soda Springs
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 1/2 yrs
(f) Mother's mailing address. Soda Springs, Idaho
3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD Alma Reber Hopkins
5. Date of Birth (Month, day, year) April 20, 1898
6. Sex male 7. Twin or Triplet no If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Samuel Hopkins
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Eltham, England
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business.....
- MOTHER OF CHILD
16. FULL MAIDEN NAME Rosina Louise Reber
17. Color or Race white 18. Age at time of THIS birth 20 years
19. Birthplace Lorraine, Bern Co, N.Y.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(born alive, stillborn) and at the place stated above, and that personal particulars were furnished by..... who is related to this child as.....
(Mother, etc.) (First name) (Last name)

26. (a) MAR 7 1941 (b) Charles H. Bridger
(Date received) (Registrar's signature)
27. Given name added on..... by.....
(Registrar's signature)
25. Attendant's OWN signature..... M.D. or.....
(D.O., Midwife, etc.) and address..... Date.....

State of Idaho } ss.
County of Caribou

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosina Hopkins, being first duly sworn, say that I am..... mother
Alma Reber Hopkins as..... son
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....
(Name of attendant at birth)
said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... day of.....

(SEAL)

Colin Chester Clerk of District Court
residing at Soda Springs, Idaho

DEC 12 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **308124**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lookout
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lookout
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address Lookout Idaho
3. RESIDENCE of FATHER (city, state): Lookout Ida

4. FULL NAME OF CHILD Nettie Mildred Bishop

5. Date of Birth (Month, day, year) Aug 2nd 1898

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME David A. Bishop
11. Color or Race white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Ontario Canada
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business none

16. FULL MAIDEN NAME Margaret J. Davis
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Ontario Canada
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Two A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by David A. Bishop, who is related to this child as father (First name) (Last name)

26. (a) MAR 10 1941 (Date received)
(b) David A. Bishop (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of IDAHO
County of LATAH } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, DAVID A. BISHOP, being first duly sworn, say that I am Related (Related to (or) acquainted with) Nettie Mildred Bishop as Father (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Fields (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 5th day of Feb. 19 41

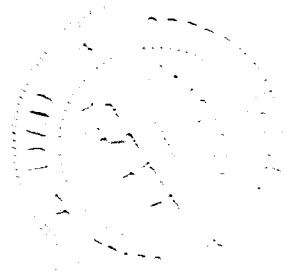
(SEAL)

Signature David A. Bishop
P.O. Address JULIAETTA, IDAHO
Notary Public, residing at Kendrick, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



191-110.010-331

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308144

State File No. _____

Local Reg. No. 158

Reg. Dist. No. 610

MAR 7 1941

1. PLACE OF BIRTH: (a) County <u>Bonneville</u> (b) City <u>Taylor</u> (c) Street Address or R.F.D. No. <u>6 - Idaho Falls</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>15</u> years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>472 - 11th St</u> (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address <u>472 - 11th St</u>	
4. FULL NAME OF CHILD <u>Harold Arave</u>		5. Date of Birth (Month, day, year) <u>Feb. 10, 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Alma Arave</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Morgan Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Retired</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida Clark</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Denver Colo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Retired</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Ida Clark Arave, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)

26. (a) March 6-1941 (Date received) **(b)** Anna Bridger (Registrar's signature)
27. Given name added on _____ **by** _____ (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** (D.O., Midwife, etc.)
and address _____ **Date** _____

State of Idaho
 County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. W. Arave, being first duly sworn, say that I am Brother (Related to (or) acquainted with)
Harold Arave as Brothers (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Bybee, who attended said birth, now deceased (Name of attendant at birth)
 (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

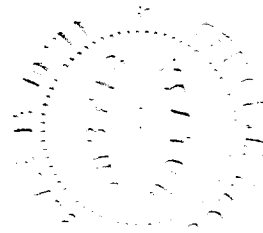
John McVomer Signature
400- 13th Street Idaho Falls, Ida, P. O. Address

Subscribed and sworn to before me on this 6th day of March, 1941
 (SEAL) John McVomer Notary Public, residing at Idaho Falls, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-106-035-437

United States
Department of Commerce
Bureau of the Census

RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308251

State File No.

Local Reg. No.

Reg. Dist. No.

Nez Perce MAR 13 1941

1. PLACE OF BIRTH:

(a) County *Blaine* (b) City *Russell*
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State *Idaho* (b) County *Blaine*
(c) City *Russell* *Nez Perce*
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? *2* yrs.
(f) Mother's mailing address *deceased*

3. RESIDENCE of FATHER (city, state): *deceased*

4. FULL NAME OF CHILD

George Dewey Longsdorff

5. Date of Birth

(Month, day, year) *June 6, 1898*

6. Sex

Male

7. Twin or Triplet

Twins

8. If so—born 1st, 2nd, 3rd

1st

9. No. months of Pregnancy

9

10. Legitimate? *Yes*

FATHER OF CHILD

MOTHER OF CHILD

11. FULL NAME

George W. Longsdorff

12. FULL MAIDEN NAME

Mrs. Mc Gordon

13. Color or Race

White

14. Age at time of THIS birth

32 yrs.

15. Color or Race

White

16. Age at time of THIS birth

33 yrs.

17. Birthplace

Harrisburgh, Pennsylvania

18. Birthplace

Utica, New York

19. Exact Occupation

Butcher

20. Exact Occupation

Housewife

21. Industry or Business

Butcher

22. Industry or Business

Housewife

23. Name prophylactic used to prevent Ophthalmia Neonatorum.

24. Number of children of this mother: (a) At time of birth and including this child *2* (b) Born alive and now living *2*

(c) Born alive and now dead

(d) Stillborn

25. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) *MAR 13 1941* (Mother, etc.) *Clayde A. Bridger*
(Date received) Acting (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of *Idaho* ss.
County of *Butler*

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Bertha Longsdorff*, being first duly sworn, say that I am *related to* *George Longsdorff* as *stepmother* (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *midwife* (Name of attendant at birth) who attended said birth *deceased* and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Bertha Longsdorff Signature
306 Main Street, Hamilton P. O. Address
March 19 *41*

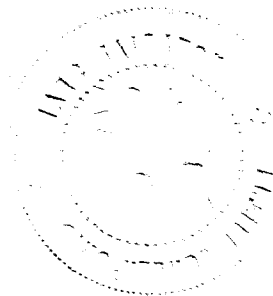
Subscribed and sworn to before me this _____ day of _____, 19 *41*
My Commission Expires Oct. 17, 1941

Notary Public, residing at *1401 N. 1st St.*
Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-114-029-562

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAR 17 1941

(Assure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308287

State File No.

Local Reg. No. 1367

Reg. Dist. No. 200

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>Almon</u> (d) Name of Hospital or Maternity Home: <u>7</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county years months days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>Almon</u> (e) How long has MOTHER lived in Idaho? <u>24</u> yrs. (f) Mother's mailing address. <u>Moscow, Idaho</u>	
4. FULL NAME OF CHILD <u>Glen Grannell McCarty</u>		5. Date of Birth (Month, day, year) <u>March 14 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 mo</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Charles Clarence McCarty</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>County Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Grain Clerk</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jessie May Hobbslee</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> years 19. Birthplace <u>New York N. Y.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Homemaker</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one.
(c) Born alive and now deceased none. (d) Stillborn none.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) 3/16/41 (Date received) (b) John E. Embury (Registrar's signature)
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Glen Grannell McCarty being first duly sworn, say that I am Related to (Related to (or) acquainted with) Emily J. Glyde, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Butman (Name of attendant at birth) said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 17th day of March, 1941

(SEAL)

Notary Public, residing at Moscow, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-112-028-659

RECEIVED

United States
Department of Commerce
Bureau of the Census

MAR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

308322

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
In THIS county 14 years month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Coeur d'Alene Idaho

3. RESIDENCE of FATHER (city, state): " "

4. FULL NAME OF CHILD

Clement Burton David King

5. Date of Birth (Month, day, year) Jan-12-1898

6. Sex male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Homer Bennett King
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Waitsburg Wash.
(City or town) (State or foreign country)
14. Exact Occupation mining
15. Industry or Business _____

16. FULL MAIDEN NAME Eleanore May Serrall
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Ransom Mich
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 14 1941 (Mother, etc.) Lyde A. Bridger
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Eleanore May King, being first duly sworn, say that I am related to Clement Burton David King as mother (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Elders, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____

(SEAL)

Signature Eleanore May King
P. O. Address 852 E. Howard St. Pasadena, Calif.
Notary Public, residing at Pasadena, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

MAR 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County MOOTENIA (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. CARLIN BAY
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery: NONE
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County MOOTENIA
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. CARLIN BAY
(e) How long has MOTHER lived in Idaho? FIVE yrs.
(f) Mother's mailing address COEUR D'ALENE, IDA
3. RESIDENCE of FATHER (City or town) COEUR D'ALENE, IDA

4. FULL NAME OF CHILD PAUL HENRY KRUGER
6. Sex MALE
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) FEB. 13. 1898
8. No. months of Pregnancy 9 Mo. 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME PAUL CHARLES KRUGER
11. Color or Race WHITE 12. Age at time of THIS birth 35 yrs.
13. Birthplace STETIN GERMANY
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME MATHILDA S. WOLTER
17. Color or Race WHITE 18. Age at time of THIS birth 31 yrs.
19. Birthplace DETROIT MICH
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ALIVE
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 6.15 P.M. on the date _____ and at the place stated above, and that personal particulars were furnished by PAUL CHARLES KRUGER, who is related to this child as FATHER.
(First name) (Last name)
(Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Paul H. Kruger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's Paul Charles Kruger (D.O., Midwife, etc.)
OWN signature _____ and address COEUR D'ALENE, IDA Date FEB. 13. 1898

State of California
County of Santa Cruz } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Paul Charles Kruger, being first duly sworn, say that I am Father
Paul Henry Kruger as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I (Name of attendant at birth) attended said birth. _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Paul Charles Kruger Signature
Santa Cruz, California P.O. Address

Subscribed and sworn to before me on this 26th day of February, 1941
(SEAL) John A. Leonard Notary Public, residing at Santa Cruz, Calif.

3,26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

309389

1. **PLACE OF BIRTH:**
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No. St. Charles St.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 7 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No. St. Charles St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Salmon, Idaho
3. **RESIDENCE of FATHER** (city, state): Salmon, Idaho

4. **FULL NAME OF CHILD** Mary Wilhelmina Anderson

5. Date of Birth
(Month, day, year) April 25, 1898

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** William Anderson
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Denmark
(City or town) (State or foreign country)
14. Exact Occupation Hotel Business
15. Industry or Business _____

16. **FULL MAIDEN NAME** Ida Will
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Ida Anderson, who is related to this child as Mother (First name) (Last name)

26. (a) 3/24/41 (Date received) (b) Mabel E Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida Anderson, being first duly sworn, say that I am related Mary Wilhelmina Anderson as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kinney (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Ida Anderson Signature
1035 Lime Ave., Long Beach, Calif. P. O. Address

Subscribed and sworn to before me on this 22nd day of March, 1941.

(SEAL)

My Commission Expires Sept. 29, 1942

E. M. New Notary Public, residing at Long Beach, Calif.
NOTARY PUBLIC in and for Los Angeles
County, State of California.

AUG 23 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/27/41 Z.J.

309426

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

MAR 24 1941

1. PLACE OF BIRTH:

(a) County Bingham (b) City Shilley(c) Street Address or R.F.D. No. Gen. Del.(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county Bingham years _____ month 9 days.

4. FULL NAME OF CHILD

Orlin Leroy Rose6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) July 10th 18988. No. months of Pregnancy 9 mons 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Leroy Rose11. Color or Race White12. Age at time of THIS birth 20 yrs.

13. Birthplace

Farmington Utah
(City or town) (State or foreign country)

14. Exact Occupation

ENGINEER

15. Industry or Business

16. FULL MAIDEN NAME

Mindwell Herbert17. Color or Race White18. Age at time of THIS birth 18 yrs.

19. Birthplace

AMERICAN Fork, Utah
(City or town) (State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes(c) Born alive and now dead None (d) Stillborn Yes24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at AMERICAN Fork, Utah M. on the dateand at the place stated above, and that personal particulars were furnished by Mindwell H. Rose, who is related to this child as Mother (First name) (Last name)

26. (a) _____ (Date received)

(b) Mabel Yeager (Registrar's signature)

25. Attendant's

OWN signature Elizabeth Hubbard M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address deceased DateState of IdahoCounty of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mindwell H. Rose, being first duly sworn, say that I am Mother (Related to (or) acquainted with)Orlin Leroy Rose as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Hubbard, who attended (Name of attendant at birth)said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mindwell H. Rose
Venice Calif

Signature

P. O. Address

Subscribed and sworn to before me on this 21 day of March 1941

(SEAL)

A. E. GLAD, Notary Public, residing at Venice Calif.

My Commission Expires April 24, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1000/101 A.H.E.

75-9-107-021313

309441

United States
Department of Commerce
Bureau of the Census

MAR 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 72
Reg. Dist. No. 541

1. **PLACE OF BIRTH:**
(a) County Franklin (b) City Dayton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Dayton
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state): _____

4. **FULL NAME OF CHILD** Wallace Callan Perkins
5. Date of Birth Feb 27, 1898
(Month, day, year)
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David Alma Perkin
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Franklin Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary E. Callan
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Brigham City Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10: P. M. on the date _____
(born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by David Alma Perkins who is related to this child as Father (First name) (Last name)
(Mother, etc.) _____

26. (a) 3-15-41 (b) Mabel F. Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder and address _____
(Registrar's signature) (D.O., Midwife, etc.)
Date _____

State of Idaho } ss.
County of Franklin

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David Alma Perkins, being first duly sworn, say that I am _____
(Name of person on certificate above) (State relationship or acquaintance)
as Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Phillips, who attended said birth _____
(Name of attendant at birth)
said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

David Alma Perkins Signature
P.O. Address _____

Subscribed and sworn to before me on this 15 day of March 1941
(SEAL) _____ Notary Public, residing at Dayton Id.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

APR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

309719

1. PLACE OF BIRTH:
(a) County LATAH (b) City PRINCETON
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City PRINCETON
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD CHESTER DELBERT AUSTIN
5. Date of Birth (Month, day, year) MAR. 6 1898
6. Sex MALE
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME ERBEN DEYELSON AUSTIN
11. Color or Race WHITE
12. Age at time of THIS birth 20 yrs.
13. Birthplace ANOKA MINNESOTA U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation COMMON LABOR
15. Industry or Business _____
16. FULL MAIDEN NAME DELLA MAUPIN
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace PALOUSE, WASH
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 2-1941 (Mother, etc.) (b) Mabel Feeder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Lewis

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Chester Delbert Austin, being first duly sworn, say that I am father (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bloman (Name of attendant at birth) _____, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

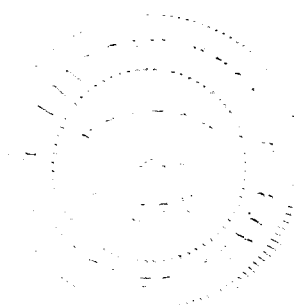
Subscribed and sworn to before me on this 28th day of January, 1941
(SEAL) _____ Notary Public, residing at Winchester, Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/11/41 Z.J.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

APR 3 1941

1. PLACE OF BIRTH:

(a) County My Peru (b) City Mohler

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or ~~Mat~~ Home _____ days.

In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County My Peru

(c) City Mohler

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? eight yrs.

(f) Mother's mailing address Mohler, Idaho

3. RESIDENCE of FATHER (city, state): Mohler, Idaho

4. FULL NAME OF CHILD

Goldie Mae ~~Berger~~ (Ralstin)

5. Date of Birth

(Month, day, year) March 4, 1898

6. Sex

female

7. Twin or Triplet

none

If so—born 1st, 2nd, 3rd

none

8. No. months of Pregnancy

nine

9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Robert Lafayette Ralstin

16. FULL MAIDEN NAME

Goldie May Knight

11. Color or Race

white

12. Age at time of THIS birth

39 yrs.

17. Color or Race

white

18. Age at time of THIS birth

24 yrs.

13. Birthplace

Lewistown, Illinois

(City or town) (State or foreign country)

19. Birthplace

Murray, Iowa

(City or town) (State or foreign country)

14. Exact Occupation

farmer

20. Exact Occupation

housewife

15. Industry or Business

farmer

21. Industry or Business

housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

none

23. Number of children of this mother: (a) At time of birth and including this child.

3

(b) Born alive and now living.

3

(c) Born alive and now dead

none

(d) Stillborn

none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Goldie M. Ralstin, who is related to this child as mother (First name) (Last name)

26. (a) April 3 - 1941

(Date received)

(b) Mabel E. Eider

(Registrar's signature)

25. Attendant's

OWN signature Inez S. Burghardt M.D.

(D.O., Midwife, etc.)

and address 312 N. 3rd St. Yahona, Wn. 3/24

State of Idaho

County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is

NOT LIVING or CANNOT BE LOCATED.

I, Goldie M. Ralstin, being first duly sworn, say that I am the mother related to

Goldie Mae Berger

as mother

(Related to (or) acquainted with)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Inez S. Burghardt

(Name of attendant at birth)

said birth has signed above and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Goldie M. Ralstin

Signature

Nezperce, Idaho

P. O. Address

Subscribed and sworn to before me on this 1 day of April, 19 41

(SEAL)

Notary Public, residing at Nezperce, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

C. C. 4/11/1941 C. P.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

334-208-000-014

309745

United States
Department of Commerce
Bureau of the Census

APR 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH <i>Elmore Rocky Bar</i>		2. USUAL RESIDENCE of MOTHER: (Always fill in these)	
(a) County.....	(b) City.....	(a) State.....	(b) County.....
(c) Street Address or R.F.D. No.....	(d) Name of Hospital or Maternity Home:	(c) City.....	(d) Street Address or R.F.D. No.....
(e) Mother's stay BEFORE delivery: <i>at home</i>		(e) How long has MOTHER lived in Idaho? <i>14 yrs</i>	
In Hosp. or Mat. Home..... days		(f) Mother's mailing address: <i>Rocky Bar Idaho</i>	
In THIS county..... years..... months..... days		3. RESIDENCE OF FATHER (city, state) <i>Idaho</i>	
4. FULL NAME OF CHILD <i>Elizabeth Alberta Cluer</i>		5. Date of Birth (Month, day, year) <i>Oct. 8 - 1898</i>	
6. Sex <i>Female</i>	Twin or Triplet <i>neither</i>	8. No. months of Pregnancy <i>9</i>	9. Legitimate? <i>yes</i>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <i>Samuel Albert Cluer</i>		11. FULL NAME <i>Elizabeth Mackley Phert</i>	
11. Color or Race <i>white</i>	12. Age at time of THIS birth <i>35 yrs.</i>	17. Color or Race <i>white</i>	18. Age at time of THIS birth <i>23 yrs.</i>
13. Birthplace <i>London England</i>	(City or town) (State or foreign country)	19. Birthplace <i>Peasack Iowa</i>	(City or town) (State or foreign country)
14. Exact Occupation <i>Miner Carpenter</i>	20. Exact Occupation <i>House wife</i>	21. Industry or Business <i>none</i>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <i>No not used</i>		23. Number of children of this mother: (a) At time of birth and including this child <i>2</i> (b) Born alive and now living <i>2</i>	
(c) Born alive and now dead <i>none</i> (d) Stillborn <i>none</i>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date..... and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.) (First name) (Last name)			
26. (a) APR 4 1941 (Date received)		(b) <i>Mabel E Elder</i> (Registrar's signature)	
27. Given name added on..... by..... (Registrar's signature)		25. Attendant's OWN signature..... M.D. or (D.O., Midwife, etc.) and address..... Date.....	

State of *Washington*
County of *Clallam* } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, *Samuel Albert Cluer*, being first duly sworn, say that I am..... related to.....
Elizabeth Alberta Cluer as..... father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... midwife..... who attended said birth..... is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X. *Samuel Albert Cluer* Name
1618 W. 6th - Port Angeles, Washington P. O. Address

Subscribed and sworn to before me on this 1st day of April, 1941
(SEAL) *Nelson P. Hubert* Notary Public, residing at *Port Angeles*

C. C. 4/11/41 C. P.

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-107,035-296

309756

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
APR 4 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 232
Reg. Dist. No. 232

1. PLACE OF BIRTH (a) County <u>Nez Perce</u> (b) City <u>Nezperce</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>1</u> years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Nezperce</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs. (f) Mother's mailing address <u>Nezperce</u>	
4. FULL NAME OF CHILD <u>Cecil Alderman Warnacut</u>		5. Date of Birth <u>Idaho</u> (Month, day, year) <u>April 7 1898</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ulyssess Robert Warnacut</u>		16. FULL MAIDEN NAME <u>Mary Belle Brooks</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>24</u> yrs.	
13. Birthplace <u>Richmond, Kentucky.</u> (City or town) (State or foreign country)		19. Birthplace <u>Breckenridge, Mo.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business <u>Own Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> <u>8:00 A.M.</u> on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Mary B. Warnacut</u> , who is related to this child as <u>mother</u> (First name) (Last name) (Mother, etc.)			
26. (a) March 31 1941. (Date received)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Idaho }
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary B. Warnacut, being first duly sworn, say that I am Related to Cecil Alderman Warnacut as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Allard (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mary B. Warnacut Signature
Craigmont, Idaho. P. O. Address

Subscribed and sworn to before me on this 31 day of March 1941.

(SEAL)

Notary Public, residing at Craigmont Id.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

309831

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Payette, Ida. City in country
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home of Etta Green, sister of mother
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Oregon (b) County Malheur
(c) City on farm near Ontario, Ore.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Ontario, Oregon
3. RESIDENCE of FATHER (city, state): Ontario, Or.

4. FULL NAME OF CHILD Neva Ione Billingsley

5. Date of Birth
(Month, day, year) May 2, 1898

6. Sex female 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Jefferson D. Billingsley
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Little River Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

16. FULL MAIDEN NAME Emma Love Harrison
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Cedar Rapids, Iowa.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 3 P.M. M. on the date
(born alive, stillborn) May 6, 1898, who is
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as Aunt (First name) (Last name)

26. (a) APR 7 1941 (Date received) (b) Mabel E. Eder (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature Mary E. Green M.D. (D.O., Midwife, etc.)
and address Dry St. Portland Ore.

27. Given name added on _____ by _____ (Registrar's signature)

State of Oregon
County of Malheur } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jefferson D. Billingsley, being first duly sworn, say that I am related to
Neva Ione Billingsley as father (Related to (or) acquainted with) whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician, who attended
(Name of attendant at birth)
said birth I do not recall and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Jefferson D. Billingsley Signature
Ontario, Oregon P.O. Address

Subscribed and sworn to before me on this 1st day of March, 1941

(SEAL) M. H. Brooke Notary Public, residing at Ontario, Oregon
My commission expires November 19, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C. C. 4/11/44 W. H. H.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-110 001-682

309848

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

APR 7 1941

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years 8 month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state): Boise, Idaho
4. **FULL NAME OF CHILD** James John Kinkaid
5. Date of Birth 3-10-1898
(Month, day, year)
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Joseph Kinkaid
11. Color or Race white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Tunway Iowa
(City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Susie Wykoff
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace _____ Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 7 1941 (Mother, etc.)
(Date received) (b) Malcolm E. Fisher
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's **OWN signature** _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph Kinkaid, being first duly sworn, say that I am (father) related to James John Kinkaid as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown, who attended said birth (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph Kinkaid Signature
22407 8th Street Ave., Portland, Ore. P.O. Address

Subscribed and sworn to before me on this 20 day of March, 1941

(SEAL)

Notary Public, residing at _____
NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES JUNE 17, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-125029-632

United States
Department of Commerce
Bureau of Census

BEFORE the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

309894
State File No.
Local Reg. No.
Reg. Dist. No.

APR 9 1941

1. PLACE OF BIRTH (a) County <u>Idaho</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>none</u> days. IN THIS county <u>8</u> years <u>4</u> month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>8 1/2</u> yrs. (f) Mother's mailing address <u>Moscow</u>	
4. FULL NAME OF CHILD <u>Dewey Admarial Dahlborg</u>		5. Date of Birth (Month, day, year) <u>July 25, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Frank L. Dahlborg</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Berslaga, Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Christenia Dahlborg Olson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Vermland, Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>yes</u> (c) Born alive and now dead <u>NO</u> (d) Stillborn <u>NO</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____. (Mother, etc.) (First name) (Last name)			
26. (a) Apr. 9, 1941 (Date received) (b) <u>Mabel E. Elder</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. and address _____ (D.O., Midwife, etc.) Date _____	
27. Given name added on _____ by <u>Mabel E. Elder</u> (Registrar's signature)			

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christenia Dahlborg, being first duly sworn, say that I am related to
Dewey Admarial Dahlborg as Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Amanda Erickson who attended
 said birth ill and cannot be had and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Christenia Dahlborg Signature

1104 S. Lynn Ave. Moscow, Idaho 41 P. O. Address

Subscribed and sworn to before me on this 8th day of April, 1941
A. Erickson Probate Judge, Moscow, Idaho
 (SEAL) Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

309905

United States
Department of Commerce
Bureau of the Census

APR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No. NO
(d) Name of Hospital or Maternity Home:
none - at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Downey, Idaho
3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** CELLA ISABELL BYINGTON
5. Date of Birth (Month, day, year) April 21, 1938
6. Sex female 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** JOSEPH HENRY BYINGTON
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Huntsville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. **FULL MAIDEN NAME** ROSETTA HUNT
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Huntsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Apr. 10, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on _____ by Mabel F. Elder (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosetta Byington, being first duly sworn, say that I am related to Celia Isabell Byington as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Fanny Stoddard, midwife (Name of attendant at birth) said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Rosetta Byington Signature
P. O. Address _____

Subscribed and sworn to before me on this 5th day of March 19 41

(SEAL)

Notary Public, residing at Long Beach, Calif

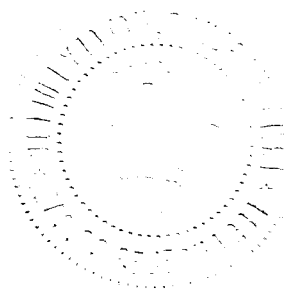
My Commission Expires Dec 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

309961

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH, Ada
(a) County Meridian (b) City Meridian
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Meridian
3. RESIDENCE of FATHER (city, state) Meridian

4. FULL NAME OF CHILD Lee Evans
5. Date of Birth Oct. 17 1898
(Month, day, year)
6. Sex M 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Fernando W. Evans
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Macon Mo
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming
- MOTHER OF CHILD
16. FULL MAIDEN NAME Eliza J. Richardson
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace _____
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 14 1941 (Mother, etc.) (b) Mal 7 Ely (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho }
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fernando W. Evans, being first duly sworn, say that I am related to
Lee Evans as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ely, who attended
(Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Fernando W. Evans Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me on this 14th day of April, 1941

(SEAL)

OMHawing Notary Public, residing at Meridian

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Rathdrum
No. State of Idaho St. Born at home

RECEIVED
APR 11 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

310085

Registration District No. 121 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. 124

2. FULL NAME OF CHILD Leonard Joseph Gost

3. Sex Male If plural births { 4. Twin, triplet, or other no 6. Premature no 7. Legitimate? yes 8. Date of birth June 1st, 1920 (Month, Day, Year)

9. Full name FATHER John Frederick Gost
10. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho
11. Color or race White 12. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country) Born near Seattle, Wash.

18. Full maiden name MOTHER Katherine Ann Ford
19. Residence (usual place of abode) (If non-resident, give place and State) Moscow, Idaho
20. Color or race White 21. Age at last birthday 40 (years)
22. Birthplace (city or place) (State or Country) Spokane Bridge, Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at Moscow, Idaho
16. Date (month and year) last engaged in this work January, 1920
17. Total time (years) spent at home of birth 13 years in this work 30 years

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. at home
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. at home
25. Date (month and year) last engaged in this work June, May, 1920
26. Total time (years) spent at home of birth 23 or 24 years in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known (But eyes perfect)
28. Number of children of this mother (At time of this birth and including this child) Two (2)
(a) Born alive and now living One (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation None { months or weeks
30. Cause of Stillbirth { During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

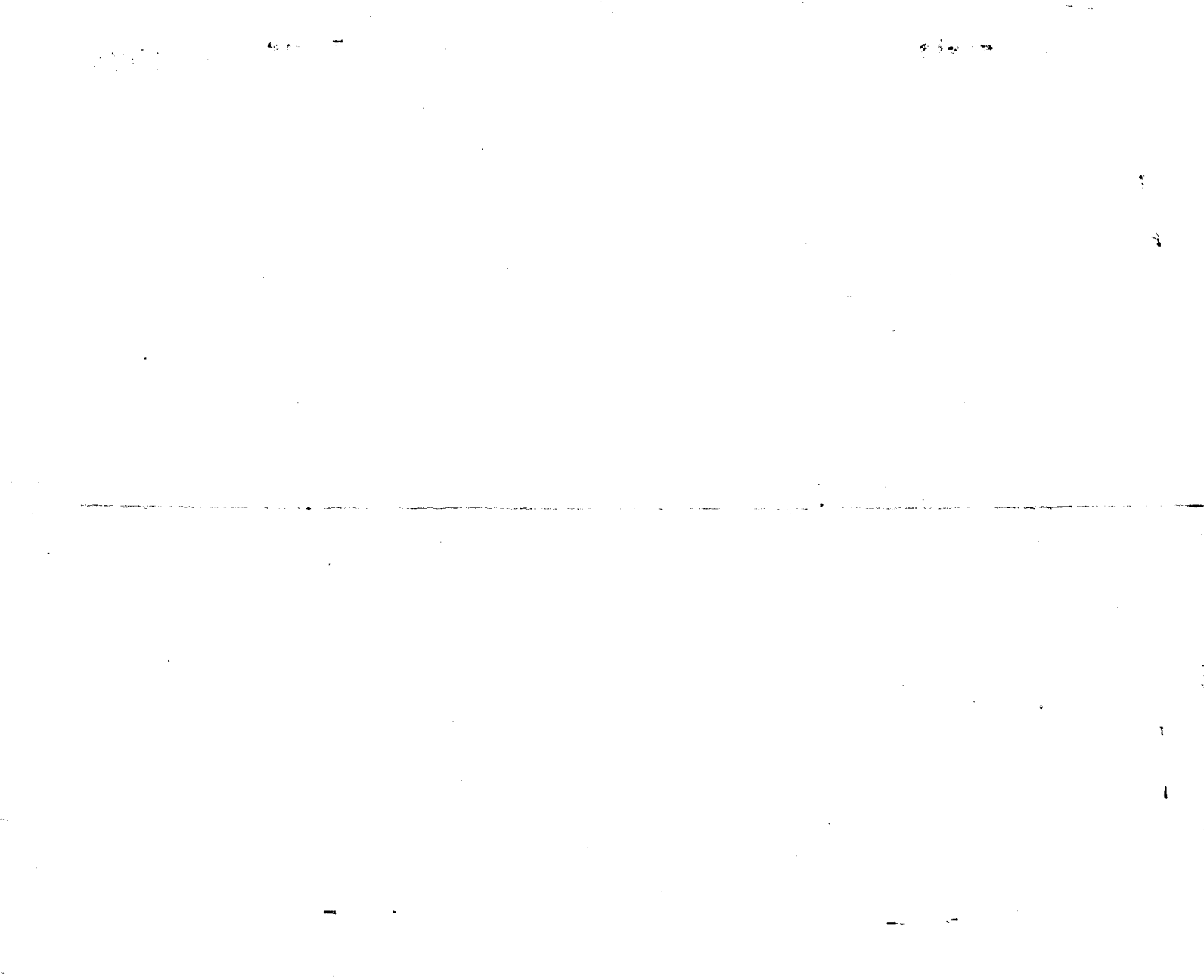
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of) _____

(Signed) _____, M. D.
or _____, Midwife
Address _____

Filed 3 14, 1941 H. H. Chewcombe, M.D.
Registrar.



862-101-528-669

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of Washington
County of SpokaneAFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mamie C. Wood (Mrs B.C. Wood) being first duly sworn says that
she is the Aunt (Relationship of child)* of 3716 Oak St. Spokane Washington
June 1st 1898 born at Rathdrum, Idaho,
 (Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Leonard Joseph Yost

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Frank Wenz (Deceased) M. D., was the
 medical attendant at the birth of said Leonard Joseph Yost and that
 the said medical attendant is Deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

day of

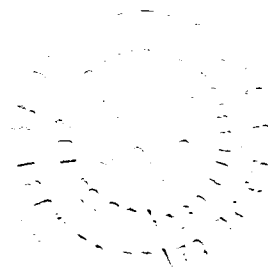
1941

Notary Public.

Residing at

Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-112-025-993
United States
Department of Commerce
Bureau of the Census

APR 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

310086

State File No. _____

Local Reg. No. 24

Reg. Dist. No. 240

1. PLACE OF BIRTH:
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 67 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville,
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 67 yrs.
(f) Mother's mailing address Grangeville, Ida.
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Alonzo James Alonzo Bowman

5. Date of Birth (Month, day, year) Febr. 12 1898

6. Sex M 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Francis Marion Bowman
11. Color W 12. Age at time of THIS birth 42 yrs.
13. Birthplace Va. (City or town) _____ (State or foreign country) _____
14. Exact Occupation Farming
15. Industry or Business _____

16. FULL MAIDEN NAME Nancy Rice
17. Color W 18. Age at time of THIS birth 24 yrs.
19. Birthplace Grangeville, (City or town) _____ (State or foreign country) _____
20. Exact Occupation HW
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by Nancy Bowman Stillwell, who is related to this child as Mother (First name) (Last name)

26. (a) April 2-41 (Date received) (b) N. Chipman (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address Grangeville, Date Apr. 2

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy Bowman Stillwell, being first duly sworn, say that I am mother (Related to (or) acquainted with) James Alonzo Bowman as mother whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Nancy Bowman Stillwell Signature
Grangeville, Idaho P.O. Address

Subscribed and sworn to before me on this 2 day of April, 19 41
(SEAL) Forman Notary Public, residing at Grangeville, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

743-115011-612

310089

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

APR 11 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Boundary (b) City Copeland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.
In THIS county 3 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Boundary
(c) City Copeland
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD James Henry Guthrie Jr.

5. Date of Birth Sept 15-1898
(Month, day, year)

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Guthrie

11. Color white 12. Age at time of THIS birth 35 yrs.

13. Birthplace Iowa
(City or town) _____ (State or foreign country) _____

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL NAME Martha Adelle Washburn

17. Color white 18. Age at time of THIS birth 20 yrs.

19. Birthplace Iowa
(City or town) _____ (State or foreign country) _____

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 11-1941 (b) Martha E. Edue
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho
County of Boundary ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Martha Guthrie, being first duly sworn, say that I am related to James Henry Guthrie as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no physician (Name of attendant at birth) who attended said birth. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Martha Adelle Guthrie Signature
Copeland Idaho P.O. Address

Subscribed and sworn to before me on this 22 day of March 19 41
(SEAL) W. B. Babin

Notary Public for the State of Idaho
Residing at Bonnars Ferry
Commission Expires March 9, 1945

SEP 23 1948

JAN 15 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

462120031 652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **310130**

APR 21 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Lewis (b) City Kippen

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Lewis

(c) City Kippen

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? one yrs.

(f) Mother's mailing address Kippen-Ida.

3. RESIDENCE of FATHER (city, state): Kippen-Ida.

4. FULL NAME OF CHILD

William Kennley Dobbins

5. Date of Birth

(Month, day, year) Sept. 20-1898

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME Victor Bliss Dobbins

11. Color
or Race White

12. Age at time
of THIS birth 42 yrs.

13. Birthplace Casey-Clark Co. Indiana
(City or town) (State or foreign country)

14. Exact
Occupation Carpenter

15. Industry or
Business Building-construction

MOTHER OF CHILD

16. FULL MAIDEN

NAME Lola Maud West

17. Color
or Race White

18. Age at time
of THIS birth 28 yrs.

19. Birthplace Marshall Indiana
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) April 21-1941 (Mother, etc.)
(Date received) (b) Mal H. Fisher
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of California
County of Orange } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

ix Jack Dobbins, being first duly sworn, say that I am Related to
William Kennley Dobbins as Brother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Victor Bliss Dobbins, who attended
(Name of attendant at birth)
said birth. deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of April, 1941

(SEAL)

J.B. Sullivan Notary Public, residing at Buena Park
My Commission Expires Sept. 20, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

142-220007-296

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311155**
Local Reg. No. _____
Reg. Dist. No. _____

APR 19 1941

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Hailey Idaho

4. FULL NAME OF CHILD Ada Belle Justus Povey

3. RESIDENCE of FATHER (city, state) Hailey, Ida
5. Date of Birth June 20 1898
(Month, day, year)

6. Sex white 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Uriah S. Justus
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Prescott Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Minerva Ann Brooks
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Wheatland Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) April 19-1941 (Mother, etc.)
(Date received) (b) Malcolm H. Fisher
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minerva Ann Justus, being first duly sworn, say that I am related to Ada Belle Justus Povey as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Susan Bartsche, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Minerva Ann Justus Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of April, 1941
(SEAL) D. W. Walker Notary Public, residing at Hailey

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239 227 040-231
APR 25 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311312

State File No. 86

Local Reg. No. 141

Reg. Dist. No. 141

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days
In **THIS** county. years months days
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No. Home
(e) How long has **MOTHER** lived in Idaho? Yrs.
(f) Mother's mailing address. Deceased
3. **RESIDENCE OF FATHER** (city, state). Deceased

4. **FULL NAME OF CHILD** Emily Agatha Schmidt
5. Date of Birth (Month, day, year) Aug. 27-1941
6. Sex F. 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Frederick William Schmidt
11. Color W. 12. Age at time of THIS birth 41 yrs.
13. Birthplace Person, Schenckel County, Pa.
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business Gold-Placer Mining
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Katherine Marie Stabenow
17. Color W. 18. Age at time of THIS birth 34 years
19. Birthplace Schenckel County, Pa.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3 A. M. on the date Apr-23-41 (born alive, stillborn) Leo Stabenow who is related to this child as Uncle (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature W. J. J. or (D.O., Midwife, etc.)
26. (a) Apr-23-41 (Date received) (b) John A. Brown (Registrar's signature)
27. Given name added on by Murray Eda (Registrar's signature) and address Murray Eda Date

State of Idaho } ss.
County of Shoshone

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Leo Stabenow being first duly sworn, say that I am Related as Uncle (Related to (or) acquainted with)
as Uncle whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded.
(Is not deceased (or) cannot be located)

Subscribed and sworn to before me on this 23 day of April - 1941
(SEAL) Elizabeth E. Ward Notary Public, residing at Wallace Idh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

964 106-022-249 APR 26 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311373

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

- (a) County Idaho (b) City Milford
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 2 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Tremont
(c) City Milford
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Milford Idaho

3. RESIDENCE of FATHER (city, state) Milford Idaho

4. FULL NAME OF CHILD

Joseph Mark Rourell

6. Sex

7 Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

10. FULL NAME

Joseph Edwin Rourell

11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Ogden Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

Esther Burbank

17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Apr 26 - 1941 (b) Mark E Elder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Tremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Or Meservey, being first duly sworn, say that I am acquainted with Joseph Mark Rourell as Friend (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Sorensen, who attended (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19 day of April, 1941

(SEAL)

Notary Public, residing at ST. ANTHONY, IDA

Clerk of District Court.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

459 122 036 765

United States
Department of Commerce
Bureau of Census

MAY 1 1941

IVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311447**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

~~In Hosp.~~ or Mat. Home _____ days.

IN THIS county 7 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Franklin, Idaho

3. RESIDENCE of FATHER (city, state) Franklin, Ida

4. FULL NAME OF CHILD

Wilford Marion Jonsson Merrill

5. Date of Birth

(Month, day, year) Aug. 22, 1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Marriner Wood Merrill

11. Color or Race White

12. Age at time of THIS birth 66 yrs.

13. Birthplace Sackville, New Brunswick, Canada
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Mercantile - Milling

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elna Jonsson

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Evered, Sweden
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 1 - 1941 (Mother, etc.)
(Date received) (b) Mabel T. Elder (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elna J. Merrill, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Wilford Marion Jonsson Merrill as Mother whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Morgan, who attended
(Name of attendant at birth)
said birth Deceased and that this birth has not been previously recorded.
(Is not deceased (or) cannot be located)

Mrs. Elna J. Merrill Signature

Richmond, Utah P. O. Address

Subscribed and sworn to before me on this 29th day of April, 19 41

(SEAL)

OsHace

Notary Public, residing at Richmond, Utah

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ng Ponce
City of Farm near Linsion
No. 362-121 035 553 St.
(If born in hospital or institution give name.)
2. FULL NAME OF CHILD Chester Warren Coburn

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

3. Sex <u>male</u>	If plural births { 4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature..... Full term <u>X</u>	7. Legiti- mate? <u>X</u>	8. Date of birth <u>July 21, 1898</u> (Month, Day, Year)
9. Full name <u>Herbert Elliot Coburn</u>	FATHER		18. Full maiden name <u>Clara Elizabeth Nelson</u>	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Ng Ponce Co</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Ng Ponce Co</u>		20. Color or race <u>white</u>	
11. Color or race <u>white</u>	12. Age at last birthday <u>29</u> (years)		21. Age at last birthday <u>16</u> (years)	
13. Birthplace (city or place) (State or Country) <u>Idaho</u>	22. Birthplace (city or place) (State or Country) <u>Ng Dakota</u>		23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u>	
16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	
19.....	19.....		26. Total time (years) spent in this work	

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) first child
(a) Born alive and now living one (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks } 30. Cause of Stillbirth..... { During labor..... Before labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 8:15 A.M. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report May 1st 1941
Marcel Date of Mar 1st 1941
Registrar.

(Signed) Dora E. Nelson M. D.
or Therese Midwife
Address 419-16th Ave.
Filed Jan, 1940
Registrar.

c.c. 5/7/41. w.n.

869 124 016 264

311558

United States
Department of Commerce
Bureau of the Census

MAY 7 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

<p>1. PLACE OF BIRTH:</p> <p>(a) County <u>CASSIA</u> (b) City <u>Albion</u></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: _____</p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.</p>		<p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>CASSIA</u></p> <p>(c) City <u>Albion</u></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <u>9 1/2</u> yrs.</p> <p>(f) Mother's mailing address <u>Albion, Idaho</u></p>	
<p>3. RESIDENCE of FATHER (city, state): <u>Albion, Idaho</u></p>		<p>5. Date of Birth (Month, day, year) <u>9/24/1898</u></p>	
<p>4. FULL NAME OF CHILD <u>Arthur Horsley</u></p>		<p>6. Sex <u>MALE</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____</p>	
<p>8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u></p>			
<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Robert Thomas Horsley</u></p> <p>11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs.</p> <p>13. Birthplace <u>Kilham England</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Farmer</u></p> <p>15. Industry or Business _____</p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Jessie May South</u></p> <p>17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs.</p> <p>19. Birthplace <u>Eddisville Iowa</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>House wife</u></p> <p>21. Industry or Business _____</p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum _____</p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>6</u> (c) Born alive and now dead <u>1</u> (d) Stillborn _____</p>			
<p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as <u>Mother</u> (Mother, etc.) (First name) (Last name)</p>			
<p>26. (a) <u>May 7-1941</u> (Date received) (b) <u>Mal Feller</u> (Registrar's signature)</p>		<p>25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____</p>	
<p>27. Given name added on _____ by _____ (Registrar's signature)</p>			

State of Idaho ss.
County of Cassia

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie May Horsley, being first duly sworn, say that I am Related to Arthur Horsley as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elliott (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this _____ day of _____, 19 41

(SEAL)

Notary Public, residing at Albion, Ida.

Signature

P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

523-227.029-296

United States
Department of Commerce
Bureau of the Census

MAY 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311607**

Local Reg. No. _____

Reg. Dist. No. _____

<p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Latah</u> (b) City <u>Moscow</u></p> <p>(c) Street Address or R.F.D. No. _____</p> <p>(d) Name of Hospital or Maternity Home: <u>Residence</u></p> <p>(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>6</u> years _____ month _____ days.</p>	<p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Latah</u></p> <p>(c) City <u>Moscow</u></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho? <u>49</u> yrs.</p> <p>(f) Mother's mailing address _____</p>
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<p>4. FULL NAME OF CHILD <u>Pearl Corona Estes</u></p>	<p>5. Date of Birth (Month, day, year) <u>Dec. 27, 1898</u></p>
<p>6. Sex <u>Female</u></p>	<p>7. Twin or Triplet <u>No</u></p>
<p>8. No. months of Pregnancy <u>9</u> MOS</p>	<p>9. Legitimate? <u>Yes</u></p>

<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>James Harvey Estes</u></p> <p>11. Color or Race <u>White</u></p> <p>12. Age at time of THIS birth <u>38</u> yrs.</p> <p>13. Birthplace <u>Do not know</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Laborer</u></p> <p>15. Industry or Business <u>None</u></p>	<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Emma Addie Brown</u></p> <p>17. Color or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>26</u> yrs.</p> <p>19. Birthplace <u>Keokuk County, Iowa</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business <u>None</u></p>
---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

<p>26. (a) <u>May 6 - 1941</u> (Date received)</p> <p>(b) <u>Mrs. T. E. Ellis</u> (Registrar's signature)</p>	<p>25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)</p> <p>and address _____ Date _____</p>
---	---

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma A. Estes, being first duly sworn, say that I am related to Pearl Corona Estes as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ellis (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Emma A. Estes Signature
Moscow, Idaho P.O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941
(SEAL) M. J. Maguire Notary Public, residing at Moscow, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359-120-003- RECEIVED

311648

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bannock (b) City Soda Spring
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

WILLIAM RUE TERRY

5. Date of Birth

(Month, day, year) 20 6-20-98

6. Sex

MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

10. FULL NAME

John Pannock Terry

11. Color or Race

WHITE

12. Age at time of THIS birth 51 yrs.

13. Birthplace

MISSOURI
(City or town) (State or foreign country)

14. Exact Occupation
15. Industry or Business

BLACKSMITH

MOTHER OF CHILD

16. FULL MAIDEN NAME

FANNIE J Denoyer

17. Color or Race

WHITE

18. Age at time of THIS birth 44 yrs.

19. Birthplace

DRAPER UTAH
(City or town) (State or foreign country)

20. Exact Occupation
21. Industry or Business

HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at 3 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 8 - 1941 (Mother etc.)
(Date received) (b) Maud T. Fisher
(Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature ELLEN WILSON M.D.
(D.O., Midwife, etc.)
and address SODA SPRING IDAHO 5-20-98

State of IDAHO
County of BANNOCK } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ellen Wilson, being first duly sworn, say that I am Sister of
William P. Terry as _____ (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ (Name of attendant at birth)
and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 5th day of May 1941

(SEAL)

Julia Van der Lin

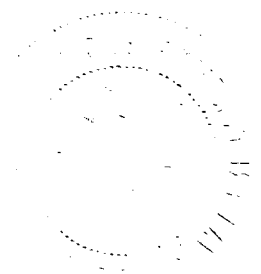
Notary Public, residing at Baldwin Park Calif.

My Commission Expires _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

392-108-039-244

United States
Department of Commerce
Bureau of the Census

MAY 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

311658
State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
In THIS county 67 years 8 month 3 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 57 yrs.
(f) Mother's mailing address Rockland 2nd
3. RESIDENCE OF FATHER (city, state):

4. FULL NAME OF CHILD

Joseph Alva Lish

5. Date of Birth

(Month, day, year) Jan. 9, 1898

6. Sex

male

1. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Joseph Henry Lish

16. FULL MAIDEN NAME

Eliza Budge

11. Color or Race

white

12. Age at time
of THIS birth 33 yrs.

17. Color or Race

white

18. Age at time
of THIS birth 24 yrs.

13. Birthplace

Sioux City Iowa
(City or town) (State or foreign country)

19. Birthplace

Ogden Utah
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

20. Exact Occupation

House Wife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 8 - 1941 (b) Malcolm E. Ender
(Date received) (Registrar's signature)

25. Attendant's
OWN signature Deceased M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Eliza Lish, being first duly sworn, say that I am mother
Joseph Henry Lish as mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of May, 1941

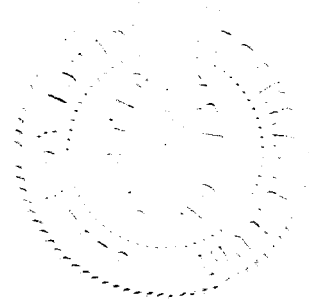
(SEAL)

Notary Public, residing at Rockland
Com. Expires Nov. 12 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



897-229-008-958

311690

United States (Be sure the information is as of date of birth of THIS child) State File No. 311690
 Department of Commerce MAY 9 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Boise</u> (b) City <u>Smith Ferry</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>8</u> years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Smith's Ferry</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>18</u> yrs. (f) Mother's mailing address <u>Smith's Ferry</u>	
4. FULL NAME OF CHILD <u>Ethel Mae Higgins</u>		5. Date of Birth (Month, day, year) <u>Mar 29, 1898</u>	
6. Sex <u>female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>Triplet</u> If so, born <u>1st, 2nd, 3rd</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Dwight Nott Higgins</u> 11. Color or Race <u>White Am.</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Orville Addison Co. Vermont</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Ag. Inn Keeper and</u> 15. Industry or Business <u>Ferryman</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Alice Zehner</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Wolf Creek Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead _____ (d) Stillborn <u>1</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>MAY 9 1941</u> (Date received) 27. Given name added on _____ by _____ (Registrar's signature)	(b) <u>Mabel Zehner</u> (Registrar's signature) 25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) and address _____ Date _____
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State of California }
 County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, SARAH ALICE HIGGINS, being first duly sworn, say that I am related to ETHEL MAE HIGGINS as mother (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lela Contreras, who attended said birth address unknown and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Sarah Alice Higgins Signature
1175 West 4th Street, Pomona - Calif. Address
 Subscribed and sworn to before me on this 6th day of May, 1941
 (SEAL) Ethel Beckman Notary Public, residing at Pomona, Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-109.035-618

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **311707**
Local Reg. No. _____
Reg. Dist. No. _____

MAY 12 1941

1. PLACE OF BIRTH

- (a) County Nez Perce (b) City Caldesac
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City Caldesac
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Caldesac Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Paul Francis McKenna

5. Date of Birth

(Month, day, year) Jan. 9 1898

6. Sex

male

7. Twin or Triplet

no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

John McKenna

11. Color or Race

white

12. Age at time of THIS birth

38 yrs.

13. Birthplace

Ireland

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Minnie Margaret Fay

17. Color or Race

white

18. Age at time of THIS birth

19 yrs.

19. Birthplace

Pennsylvania

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

?

22. Name prophylactic used to prevent Ophthalmia Neonatorum

?

23. Number of children of this mother: (a) At time of birth and including this child

2

(b) Born alive and now living

2

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 12 1941 (Date received)

(b) Margaret McKenna (Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on _____ by _____ (Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of Idaho

County of Nez Perce ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret McKenna, being first duly sworn, say that I am related to Paul Francis McKenna (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hobbelt (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 9th day of May 1941

(SEAL)

Margaret McKenna Signature
Lewiston Idaho P. O. Address
Paul W. Nickelson Notary Public, residing at Lewiston Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-2181035-168

311717

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

MAY 12 1941

1. PLACE OF BIRTH (a) County <u>Nez Perce</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>3</u> years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6</u> yrs. (f) Mother's mailing address <u>Genesee, Idaho</u>	
3. RESIDENCE of FATHER (city, state) <u>same</u>		5. Date of Birth <u>Aug. 18, 1898</u> (Month, day, year)	
4. FULL NAME OF CHILD <u>Lola Margaret London</u>		8. No. months of Pregnancy <u>9</u>	
6. Sex <u>female</u>		9. Legitimate? <u>yes</u>	
7. Twin or Triplet _____		10. FULL NAME <u>Edwin London</u>	
11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>40</u> yrs.	
13. Birthplace <u>London, England</u> (City or town) (State or foreign country)		14. Exact Occupation <u>merchant (dry goods)</u>	
15. Industry or Business _____		16. FULL MAIDEN NAME <u>Anna Mary Johnson</u>	
17. Color or Race <u>white</u>		18. Age at time of THIS birth <u>25</u> yrs.	
19. Birthplace <u>Perrysville, Indiana</u> (City or town) (State or foreign country)		20. Exact Occupation <u>housewife</u>	
21. Industry or Business _____		22. Name prophylactic used to prevent Ophthalmia Neonatorum _____	
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (c) Born alive and now dead _____ (d) Stillborn _____		(b) Born alive and now living <u>2</u>	

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 12 1941 (Date received) (b) Malcolm H. Gaffney (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's **OWN signature** _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington }
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Laura B. Gaffney being first duly sworn, say that I am acquainted with Lola Margaret London (Lindsey) close friend of family (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harvey (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of May 1941

(SEAL)

Notary Public, residing at 760 Belmont Pl. Seattle, Wn. P. O.

Signature

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792 108 032. 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **311817**

MAY 9 1941

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Linslee (b) City Blanche
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home of Mrs. B.C. Bray.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 60 days.
In THIS county years month 60 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Conrad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 1/2 yrs.
(f) Mother's mailing address Conrad Idaho

3. RESIDENCE of FATHER (city, state): Conrad Idaho

4. FULL NAME OF CHILD

Thomas Ralph Gibbons

5. Date of Birth

(Month, day, year) Jan 28 - 1898

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Edward F. Gibbons

16. FULL MAIDEN NAME

Mary Viola Bray.

11. Color or Race

White

12. Age at time of THIS birth

40 yrs.

17. Color or Race

White

18. Age at time of THIS birth

21 yrs.

13. Birthplace

Idaho

(City or town) (State or foreign country)

19. Birthplace

Wichita Kansas.

(City or town) (State or foreign country)

14. Exact Occupation

Farmer and Stockman

20. Exact Occupation

House wife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8
(c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 9 1941 (Date received) (b) Mary F. Gibbons (Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address

Date

State of Idaho

County of Blaine

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Viola Gibbons, being first duly sworn, say that I am _____ as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2nd day of May, 1941

(SEAL)

Notary Public, residing at Conrad Idaho

CLERK OF DISTRICT COURT

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-127-010-234

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **312970**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Bonneville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>two</u> yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Archie Wilfred Scurlock</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		3. RESIDENCE of FATHER (city, state) <u>Idaho Falls, Idaho</u> 5. Date of Birth (Month, day, year) <u>Feb. 27, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Edward Scurlock</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Cherokee Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>miner</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amy Scurlock</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Cherokee Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>1</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and appeared as stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>MAY 24 1941</u> (Date received) (b) <u>Mabel H. Fisher</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Tennessee }
County of Humphrey } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bettie Harrell, being first duly sworn, say that I am affiant (related to (or) acquainted with) Archie Wilfred Scurlock as affiant, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Thomas Bazles, who attended said birth has deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 7 day of May, 1941

(SEAL)

Elmer R. Sparr Notary Public, residing at Humans Mills Tenn
My Com. Expires 1/30/42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mother's maiden name is Amy Scurlock.
She was a Scurlock and married a Scurlock.

RECEIVED

MAY 24 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-11700 34-493

312974

United States (Be sure the information is as of date of birth of THIS child) State File No. 312974
Department of Commerce
Bureau of Census MAY 22 1947 CERTIFICATE OF BIRTH
STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Owada (b) City Am. Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
IN THIS county 32 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owada
(c) City American Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address: American Falls

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Silbert Victor Wood 5. Date of Birth (Month, day, year) 9-17-1898
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Joseph C. Wood 16. FULL MAIDEN NAME Mary Elizabeth Dille
11. Color or Race White 12. Age at time of THIS birth 47 yrs. 17. Color or Race White 18. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) (State or foreign country) England 19. Birthplace (City or town) (State or foreign country) Idaho
14. Exact Occupation Farmer 20. Exact Occupation housewife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 3:15 P. M. on the date (born alive, stillborn) Peter Wood, who is related to this child as Brother (Mother, etc.) (First name) (Last name)

26. (a) MAY 17 1947 (Date received) (b) M. H. E. E. E. (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of Canyon

I, Peter Wood, being first duly sworn, say that I am Brother (Related to (or) acquainted with) Silbert Victor Wood as Brother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21 day of May, 19 47
(SEAL) H. E. Martin Notary Public, residing at _____
Signature _____ P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

436-231-035-749

313012

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Idaho</u> (b) City <u>Southwick</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Southwick</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Elva Marie M^c Fadden</u>		5. Date of Birth (Month, day, year) <u>June 31, 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>

FATHER OF CHILD 10. FULL NAME <u>James Melvin M^c Fadden</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Sunnville Pennsylvania</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Own Farm</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bartha May Gurnsey</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own Home</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 20 1941 (Date received) **(b)** Mabel F. Elder (Registrar's signature)
27. Given name added on _____ **by** Mabel F. Elder (Registrar's signature)
25. Attendant's OWN signature _____ **M.D.** _____ (D.O., Midwife, etc.)
and address _____ **Date** _____

State of Idaho } ss.
 County of Payette

Mrs. J. M. M^c Fadden, being first duly sworn, say that I am related to
Elva Marie M^c Fadden as Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19 day of May, 1941.
 (SEAL) Philip M. M. Fadden Notary Public, residing at _____
Rt #2, Box 141 - Clarkston, con. P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659-210-028-695

313065

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce RECORDED CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census MAY 24 1941 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Kooteni (b) City Old Mission
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home _____ days.
IN THIS county 4 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kooteni
(c) City Old Mission
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Old Mission, Idaho
3. RESIDENCE of FATHER (city, state) Old Mission, Idaho

4. FULL NAME OF CHILD Agnes Elizabeth Weimann 5. Date of Birth (Month, day, year) January 10, 1898
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Ignatious Wiemann
11. Color or Race German 12. Age at time of THIS birth 37 yrs.
13. Birthplace Neustadt Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer & stonemason
15. Industry or Business Farming & Masonry
- MOTHER OF CHILD
16. FULL MAIDEN NAME Regina Freundlieb
17. Color or Race German 18. Age at time of THIS birth 34 yrs.
19. Birthplace Yentsenbach Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife & Midwife
21. Industry or Business Housewife & Midwife
22. Name prophylactic used to prevent Ophthalmia Neonatorum no medicine
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 24 - 1941 (b) Mabel T. Eichen (Mother, etc.) (Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of California }
County of Sacramento } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Veitenheimer, being first duly sworn, say that I am related to Agnes Elizabeth Weimann as older sister (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pat Dwyer & Mrs. Lane, who attended said birth are now deceased (Name of attendant at birth) Neighbors (Is now deceased—(or) cannot be located) and that this birth has not been previously recorded.

Rose Veitenheimer Signature
Box 302 - Folsom, California P. O. Address
Subscribed and sworn to before me on this 17th day of May, 1941
(SEAL) Seela D. Ellis Notary Public, residing at FOLSOM, CALIF.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

313115

1. PLACE OF BIRTH
County of Ada
City of Boise
No. _____ St. _____

JUN 3 1941

Registration District No. 7 State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Agnes Claire Abbott

3. Sex Female If plural births { 4. Twin, triplet, or other Single 5. Premature _____ 6. Legitimate? _____ 7. Date of birth Dec 1 1898 193
(Month, Day, Year)

9. Full name FATHER John Herbert Abbott 18. Full maiden name MOTHER Louanna Thayer

10. Residence (usual place of abode) Boise 19. Residence (usual place of abode) Boise
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 75 (years) 20. Color or race White 21. Age at last birthday 89 (years)

13. Birthplace (city or place) London England 22. Birthplace (city or place) Pittsburg Penn
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 1921 17. Total time (years) spent in this work 10 25. Date (month and year) last engaged in this work 1928 26. Total time (years) spent in this work 50 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 12
(a) Born alive and now living X (b) Born alive but now dead X (c) Stillborn none

29. If stillborn, period of gestation none { months or weeks _____ 30. Cause of stillbirth none { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 10 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) Mary Bell Keener M. D.
or (Wife) Midwife

Give name added from a supplemental report _____ Address Boise Ida

(Date of) JUN 3 Filed June 3, 1941 Mabel F. Elder Registrar.

RETURN

6/3/41 L. B.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Ada } ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ellen Bell Keener being first duly sworn says that
she is the sister of Agnes Elaine Abbott
(Relationship of child)*
born Dec. 1 1898 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said child sister

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that ~~Mary Ellen Bell Keener~~ midwife M. D., was the
medical attendant at the birth of said Agnes Elaine Abbott and that
the said medical attendant is deceased

(Now deceased (or) cannot be located)

Name of Affiant

P. O. Address

Subscribed and sworn to before me this

3rd

day of

June

1941

Notary Public.

Residing at

Boise

, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAY 22 1973

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-119-001-819
United States
Department of Commerce MAY 31 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313150
State File No.
Local Reg. No. 139
Reg. Dist. No. 540

1. PLACE OF BIRTH (a) County <u>Franklin</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address	
4. FULL NAME OF CHILD <u>James Lavon Taylor</u>		3. RESIDENCE of FATHER (city, state) 5. Date of Birth (Month, day, year) <u>Feb. 19, 1898</u>	
6. Sex <u>male</u> 7. Twin or Triplet _____ If so—born _____ 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Rosel Taylor</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Kaysville Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Susan Harris</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Kaysville Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>2</u> (d) Stillborn <u>2</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Susan Taylor</u> , who is related to this child as <u>Mother</u> (Mother, etc.) (First name) (Last name)			
26. (a) 5/29/ 1941 (Date received) (b) <u>S. W. Slater</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth. _____ and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 29 day of May 1941
(SEAL) Arthur W Hart Notary Public, residing at Preston Ida

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-205-104

313155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
APR 29 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: later Bonneville Co. (a) County <u>Bingham</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>Four Box 129</u> (d) Name of Hospital or Maternity Home: <u>At home in country</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In This county <u>3</u> years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>Four Box 129</u> (e) How long has MOTHER lived in Idaho? <u>3 (three)</u> (f) Mother's mailing address <u>Idaho Falls, Idaho</u>	
4. FULL NAME OF CHILD <u>Hazel Carolyn Peterson</u>		3. RESIDENCE of FATHER (city, state) <u>Idaho Falls, Ida.</u> Date of Birth (Month, day, year) <u>Aug. 5, 1898</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9 mos.</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Carl William Peterson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>22 1/2</u> yrs. 13. Birthplace <u>West Point Nebraska</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Huldah Charlotte Lundblad</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Sunne Wermland, Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>none</u> (b) Born alive and now living <u>9</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at one P.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Carl William Peterson who is related to this child as father (First name) (Last name)

26. (a) Apr 29-1941 (Date received) **(b)** Maier & Fisher (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ **by** _____
(Registrar's signature)

State of Idaho
County of Bingham Bonneville ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Carl William Peterson, being first duly sworn, say that I am related to Hazel Carolyn Peterson as father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Caroline Lundblad (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Carl William Peterson Signature
Box 129, RFD # 4, Idaho Falls, Ida. P.O. Address

Subscribed and sworn to before me on this 23th day of April 1941
(SEAL) John Ferebaum Notary Public, residing at Idaho Falls, Idaho
My Comm. Exps. Jan 15, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

344-107029-419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313159

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Princeton

3. RESIDENCE of FATHER (city, state) Same

5. Date of Birth
(Month, day, year) 3-7-1898

4. FULL NAME OF CHILD Charles Alfred Cummins

6. Sex Male 7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Cummins

11. Color or Race White 12. Age at time of THIS birth 52 yrs.

13. Birthplace Unknown Indiana
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriette Elizabeth Daily

17. Color or Race White 18. Age at time of THIS birth 29 yrs.

19. Birthplace Canal Pennsylvania
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 28, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by Mabel F. Elder
(Registrar's signature)

State of Oregon }
County of Marion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Harriette E. Cummins-Nauman, being first duly sworn, say that I am Related
Charles Alfred Cummins as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Cronen, who attended said birth deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Harriette E. Cummins-Nauman Signature
Marion Oregon P. O. Address

Subscribed and sworn to before me on this 27th day of May, 1941

(SEAL)

Maurice Shultz Secretary Public for Oregon, residing at Stayton Oregon
My commission expires Oct. 27, 1943

JUL 31 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-215-025-433

United States
Department of Commerce
Bureau of the Census

RECEIVED

MAY 28 1941

(Secure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313184**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>R.F.D.</u> (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Mrs. Leora Shearer Rupe</u>		5. Date of Birth (Month, day, year) <u>February 15, 1898</u>	
6. Sex _____	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joel Sturgess Shearer</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth _____ yrs. 13. Birthplace _____ (City or town) _____ (State or foreign country) 14. Exact Occupation _____ 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Julia Adeliade Utter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace _____ (City or town) _____ (State or foreign country) 20. Exact Occupation _____ 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>Five</u> (b) Born alive and now living <u>yes</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 28 - 1941 (Date received) **(b)** Mabel H. Fisher (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____ (D.O., Midwife, etc.)
and address _____ **Date** _____

27. Given name added on _____ **by** _____ (Registrar's signature)

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Julia Adeliade Shearer, being first duly sworn, say that I am the mother of Mrs. Leora Rupe as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant (Name of attendant at birth) who attended said birth except husband and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 9th day of April 1941
 (SEAL) Hampton Taylor Notary Public, residing at Grangeville Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child, a separate return must be made for each, and the number of each, in order of birth stated.

313274

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

313274

1. PLACE OF BIRTH
County of Bingham
City of Blackfoot, Idaho
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edna Irene Capps

3. Sex <u>Female</u>	If plural births {	4. Twin, triplet, or other <u>twins</u>	5. Premature <u>no</u>	6. Legiti- mate? <u>yes</u>	7. Date of birth <u>8-25-1898</u> , 193
					(Month, Day, Year)

9. Full name FATHER
Luther Martin Capps
10. Residence (usual place of abode)
(If non-resident, give place and State) Idaho
11. Color or race white
12. Age at last birthday 36 (years)
13. Birthplace (city or place)
(State or Country) Henry Co. Alabama

18. Full maiden name MOTHER
Elizabeth Mackey Capps
19. Residence (usual place of abode)
(If non-resident, give place and State) _____
20. Color or race white | 21. Age at last birthday 31 (years)
22. Birthplace (city or place)
(State or Country) Blue Earth City, Minnesota, Fairbault Co.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____, 19____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks }
30. Cause of Stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

(Signed) Dr. Cooper, M. D.
or Now Deceased, Midwife
Address _____

Registrar.

Filed June 17, 1941 193 Mabel F. Elder
Mabel F. Elder Registrar

STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF VITAL STATISTICS
CERTIFICATE OF MARRIAGE

DATE OF MARRIAGE
PLACE OF MARRIAGE

6/18/41 L. B.

Wm. J. ...

(Seal)

317-225.000-113

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Idaho

Bingham

County of _____

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Luther Martin Capps

being first duly sworn says that

he

is the

father

of

Edna Irene Capps

(Relationship of child)*

born

August 25th 1898

at

Blackfoot, Idaho

Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that _____ desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edna Irene Capps

_____ hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that _____

Dorlan Cooper

M. D., was the Midwife

medical attendant at the birth of said

Edna Capps, (Edna Irene)

and that

the said medical attendant is

Deceased.

(Now deceased (or) cannot be located)

Name of Affiant

Luther Martin Capps

P. O. Address

Blackfoot, Idaho.

Subscribed and sworn to before me this

10th

day of

August,

1940.

Residing at

Blackfoot

Idaho.

Notary Public.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

14 1956

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

862-128 003 893

313339

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 5 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>234 N. Garfield Ave</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: <u>at Home</u> In Hosp. or Mat. Home _____ days IN THIS county <u>4</u> years <u>9</u> month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>234 N. Garfield Ave</u> (e) How long has MOTHER lived in Idaho? <u>4 1/2</u> yrs. (f) Mother's mailing address <u>234 N. Garfield Ave</u>	
4. FULL NAME OF CHILD <u>Robert David Hoskinson</u>		3. RESIDENCE of FATHER (city, state) <u>Pocatello Idaho</u>	
6. Sex <u>male</u>		5. Date of Birth (Month, day, year) <u>June 5 1898</u>	
7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>			
FATHER OF CHILD 10. FULL NAME <u>George B Hoskinson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36 1/4</u> yrs. 13. Birthplace <u>Columbiana Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Boiler Maker Helper</u> 15. Industry or Business <u>Union Pacific R.R.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie A. Hildebrand</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25 1/2</u> yrs. 19. Birthplace <u>Milwaukee Wisconsin</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead (d) Stillborn			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 5, 1941 (Date received) (b) Mabel H. Edegar (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Minnie A. Hoskinson, being first duly sworn, say that I am related to Robert David Hoskinson as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. Castle (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Minnie A. Hoskinson Signature
1467 W. 38 Place, Los Angeles, Calif. O. Address

Subscribed and sworn to before me on this 2nd day of June, 1941
(SEAL) Dorothea M. Boggs Notary Public, residing at 3895 S. Western Los Angeles, Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

943 209 003-366

RECEIVED

313437

United States
Department of Commerce
Bureau of the Census

JUN 1 1941

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

- | | |
|--|--|
| <p>1. PLACE OF BIRTH:
(a) County <u>Bannock</u> (b) City <u>Pocatello</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.</p> | <p>2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bannock</u>
(c) City <u>Pocatello</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>10</u> yrs.
(f) Mother's mailing address <u>Pocatello</u>
3. RESIDENCE of FATHER (city, state): <u>"</u></p> |
|--|--|

- | | |
|--|--|
| <p>4. FULL NAME OF CHILD <u>Alice Eugenia Imlay</u>
6. Sex <u>Female</u>
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____</p> | <p>5. Date of Birth (Month, day, year) <u>Dec. 9, 1898</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u></p> |
|--|--|

- | | |
|---|---|
| <p>FATHER OF CHILD
10. FULL NAME <u>Benjamin Franklin Imlay</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace <u>St. Mary's Parris, Ia.</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Rancher</u>
15. Industry or Business _____</p> | <p>MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Nancy Alva Coffey</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>40</u> yrs.
19. Birthplace <u>Sagine, Texas</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____</p> |
|---|---|

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

- | | |
|---|--|
| <p>26. (a) <u>June 11-1941</u> (b) <u>Mabel E. Elder</u>
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)</p> | <p>25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____</p> |
|---|--|

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nancy A. Coffey Imlay, being first duly sworn, say that I am related to Alice Eugenia Imlay as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Steele (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 10th day of June 19 41
(SEAL) Dona Sardas Notary Public, residing at Los Angeles, Calif.

My Commission Expires February 26, 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

735113-008 266

RECEIVED

United States
Department of Commerce
Bureau of the Census

JUN 11 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313466**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Boise (b) City: _____
(c) Street Address or R.F.D. No. Ola
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Boise
(c) City _____
(d) Street Address or R.F.D. No. Ola Pa
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Ola Idaho

3. RESIDENCE of FATHER (city, state): Ola Idaho

4. FULL NAME OF CHILD

William Dewey Glenn

5. Date of Birth

(Month, day, year) June 13-1898

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Michael Glenn
11. Color White 12. Age at time
or Race of THIS birth 40 yrs.
13. Birthplace _____
(City or town) (State or foreign country)
14. Exact Occupation Farmer & School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ellen Bowman
17. Color White 18. Age at time
or Race of THIS birth 19 yrs.
19. Birthplace Star Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 11 1941 (Date received) (b) Mabel G. Fisher (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elmer Bowman, being first duly sworn, say that I am Related (Related to (or) acquainted with)
William Dewey Glenn (Name of person on certificate above) Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Amelia Kefner (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 3rd day of June, 1941

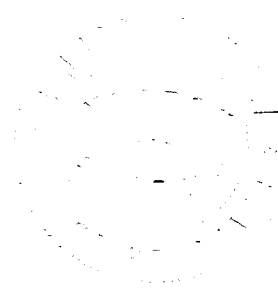
(SEAL)

A. F. Van Voorhis Notary Public, residing at Boise Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



659-107-02 2366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **313475**

JUN 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: <u>Fremont</u> (a) County <u>Jefferson</u> (b) City <u>Budy, Ida.</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days <u>none</u> In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Budy</u> <u>Fremont</u> (d) Street Address or R.F.D. No. _____ <u>none</u> (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
3. RESIDENCE of FATHER (city, state): <u>Deceased</u>			

4. FULL NAME OF CHILD <u>William Methas Weitfle</u>		5. Date of Birth (Month, day, year) <u>May 7th. 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD 10. FULL NAME <u>Charles Adolph Weitfle</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>New Jersey</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Leticia Lowder</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Burkes Garden Taswell Co</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife, housewife</u> 21. Industry or Business <u>Farming</u>	
--	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Margaret Weitfle Landon who is related to this child as mother (First name) (Last name)
 (Mother, etc.)
26. (a) JUN 11 1941 **(b)** Margaret Weitfle
 (Date received) (Registrar's signature)
27. Given name added on _____ by _____
 (Registrar's signature)

25. Attendant's OWN signature deceased **M.D.** _____
 (D.O., Midwife, etc.)
and address _____ **Date** _____

State of Idaho
 County of Bonneville } ss.
 I, Margaret Weitfle Landon, being first duly sworn, say that I am related to William M. Weitfle as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth McMillon, who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Margaret Weitfle Landon Signature
431 Cliff St. Idaho Falls, P.O. Address

Subscribed and sworn to before me on this June day of June, 1941
 (SEAL) Jewell H. Chaney Notary Public, residing at _____
 _____, _____, Idaho Falls, Idaho;
 My Commission Expires June 10, 1941.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-214-035 386

IVED

United States
Department of Commerce
Bureau of the Census

JUN 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313500

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Lewiston
3. RESIDENCE of FATHER (city, state) Lewiston Ida

4. FULL NAME OF CHILD Hazel Lee Curtis

5. Date of Birth (Month, day, year) May 14, 1898

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Elmer Curtis
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Not known Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

16. FULL MAIDEN NAME Bettie Thomson
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Sedalia Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by Nora Thomson, who is related to this child as Aunt (Mother, etc.) (First name) (Last name)

26. (a) June 13, 1941 (b) Mabel F. Elder
(Date received) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature not known M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nora Thomson, being first duly sworn, say that I am Aunt (Related to (or) acquainted with)
Hazel Lee Curtis as Aunt (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Inman, who attended said birth, and that this birth has not been previously recorded.

~~(Do not record if)~~ cannot be located)

Nora Thomson Signature
Carlington Wash. P. O. Address

Subscribed and sworn to before me on this 1st day of May, 1941

(SEAL)

Frances A. Grover Notary Public, residing at Seattle, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



617-203 028.617

313563

United States
Department of Commerce
Bureau of the Census

RECEIVED

JUN 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Boise (b) City Post Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 3 years 2 month 16 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Post Falls
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.
(f) Mother's mailing address Post Falls
3. RESIDENCE of FATHER (city, state): Post Falls, Ida.

4. FULL NAME OF CHILD Dora Frances Waggoner
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth (Month, day, year) March 3, 1898

FATHER OF CHILD
10. FULL NAME Charles Francis Waggoner
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Kansas Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Dairying

MOTHER OF CHILD
16. FULL MAIDEN NAME Erelyn Fleming Waggoner
17. Color or Race white 18. Age at time of THIS birth 41 yrs.
19. Birthplace Belfast Ireland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 16 1941 (Date received) (b) Maui H. Kiefer (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho County of Teton ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella Waggoner Ender, being first duly sworn, say that I am related (Related to (or) acquainted with) Dora Frances Waggoner as aunt (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased (Name of attendant at birth) who attended said birth. Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Stella Waggoner Ender Signature
Post Falls P.O. Address

Subscribed and sworn to before me on this 12 day of June 1941
(SEAL) Maui H. Kiefer Notary Public, residing at Post Falls Ida

P. C. 6-20-41
JUN 12 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

856-228 007849 RECEIVED

313651

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 84
Reg. Dist. No. 410

1. PLACE OF BIRTH
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Hailey, Idaho

4. FULL NAME OF CHILD Florence Mildred Hewitt

5. Date of Birth (Month, day, year) 5-28-1898

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Henry LaVerne Hewitt
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Erie Co. New York
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie May Hursh
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Hennepin Co. Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead C (d) Stillborn O

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive M. on the date (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by Minnie May Hewitt, who is related to this child as Mother (First name) (Last name)

26. (a) 6-13-1941 (b) Robert H. Wright
(Date received) (Registrar's signature)

25. Attendant's OWN signature Minnie M. Hewitt M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address _____ Date _____

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie May Hewitt, being first duly sworn, say that I am related to Florence Mildred Hewitt as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Case (Name of attendant at birth) who attended said birth now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Minnie May Hewitt Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of June, 1941.

(SEAL)

Notary Public, residing at Hailey, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866124 028 395

United States
Department of Commerce
Bureau of Census

JUN 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

313660

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Kootenai</u> (b) City <u>Rathdrum</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Rathdrum</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>11</u> yrs. (f) Mother's mailing address <u>Rathdrum</u>	
4. FULL NAME OF CHILD <u>Fred Harold Howell</u>		3. RESIDENCE of FATHER (city, state) <u>Rathdrum</u>	
6. Sex <u>Male</u>		5. Date of Birth (Month, day, year) <u>Mar. 24, 1898</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>George Washington Howell</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Fayette County, Ill.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Elizabeth Linton.</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Marion County, Ill.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at <u>A.</u> M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Margrett E. Howell</u> , who is related to this child as <u>Mother</u> (Mother, etc.) (First name) (Last name)			
26. (a) JUN 19 1941 (Date received) _____ (b) <u>Margaret E. Howell</u> (Registrar's signature)		25. Attendant's OWN signature <u>Margaret E. Howell</u> (D.O., Midwife, etc.) and address <u>Rathdrum</u> Date <u>6/14/41</u>	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Idaho.
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret E. Howell, being first duly sworn, say that I am related (Related to (or) acquainted with)
Fred Harold Howell as Mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Margaret Hudlow, who attended (Name of attendant at birth)
said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 14th day of June, 1941.

(SEAL)

Margaret E. Howell Signature
Rathdrum, Idaho. P. O. Address

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT RATHDRUM, IDAHO.
MY COMMISSION EXPIRES OCT. 10, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-122009 154

RECEIVED

United States
Department of Commerce
Bureau of Census

JUN 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **313669**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County **Latah** (b) City **Troy**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county **12** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Latah**
(c) City **Troy**
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? **12** yrs.
(f) Mother's mailing address **Troy, Idaho**

3. RESIDENCE of FATHER (city, state) _____
5. Date of Birth (Month, day, year) **Oct. 22, 1898**
6. Sex **Male** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

4. FULL NAME OF CHILD **Alfred Sanford Nelson**
10. FULL NAME **James S. Nelson**
11. Color or Race **White** 12. Age at time of THIS birth **28** yrs.
13. Birthplace **Viroqua, Wisconsin**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

16. FULL MAIDEN NAME **Selma Anderson**
17. Color or Race **White** 18. Age at time of THIS birth **21** yrs.
19. Birthplace **Alexandria, Minnesota**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Household**

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**
(c) Born alive and now dead **none** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) **JUN 18 1941** (b) **Mary J. Keeler**
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of **Idaho** }
County of **Latah** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Selma Nelson**, being first duly sworn, say that I am **related to** **Alfred Sanford Nelson** as **mother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Siri Nelson** (Name of attendant at birth), who attended said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Selma Nelson Signature
RFD #2, Kendrick, Idaho P. O. Address
Subscribed and sworn to before me on this **9th** day of **June**, 19 **41**.
(SEAL) **Notary Public, residing at Deary, Idaho**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Each certified copy requires an advance payment of fifty cents, money order or coin.

613 226 029 433

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUN 27 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **314991**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Virila Wallace

6. Sex daughter 7. Twin or triplet _____ If so—born 1st, 2nd, 3rd _____

8. FATHER OF CHILD

10. FULL NAME Chamery Wallace
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Moscow, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business _____

5. Date of Birth

(Month, day, year) Oct. 26-1998

8. No. months of Pregnancy nine 9. Legitimate? yes

10. MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Wallace
17. Color or Race White 18. Age at time of THIS birth 20 1/2 yrs.
19. Birthplace Smith, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) _____ (Mother, etc.)

26. (a) JUN 27 1941 (b) Marcel K. Keeler
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Christina Wallace, being first duly sworn, say that I am related to Virila Wallace as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 39, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded. (Is, now deceased (or) cannot be located)

Christina Wallace Signature
1701-S Chestnut St., Spokane, Wn P. O. Address

Subscribed and sworn to before me on this 13th day of June 1946

(SEAL)

L. L. Barbieri

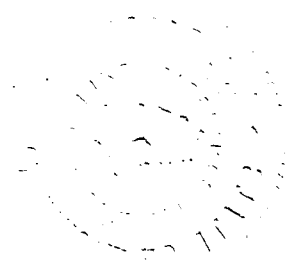
Notary Public, residing at Spokane, Wn

7-1-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-106 001-313

315066

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315066**
Local Reg. No. _____
Reg. Dist. No. _____

JUL 14 1941

1. PLACE OF BIRTH

(a) County Ada (b) City Star
(c) Street Address or R.F.D.No. R.D.
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D.No. 100
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

5. Date of Birth
(Month, day year) Nov. 6 - 1898

8. No. months of Pregnancy _____ 9. Legitimate? yes

4. FULL NAME OF CHILD

Frank Arthur Brown

6. Sex M. 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 4th

FATHER OF CHILD

10. FULL NAME Francis Ashberry T. Brown

11. Color or Race N. 12. Age at time of THIS birth 39 yrs.

13. Birthplace _____ (City or town) _____ (State or foreign country) Iowa U.S.A.

14. Exact Occupation Miner

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elmae Callaway

17. Color or Race N. 18. Age at time of THIS birth 32 yrs.

19. Birthplace Star Idaho (City or town) _____ (State or foreign country) _____

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

26. (a) JUL 14 1941 (b) _____ (Date received) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)

and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Callaway, being first duly sworn, say that I am related to Frank Arthur Brown as Aunt (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hall (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mary A. Callaway Signature

P. O. Address _____

Subscribed and sworn to before me on this 12 day of July 19 41

(SEAL)

Notary Public, residing at Boise, Idaho

7-14-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

112-112-022 895

315177

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
IN THIS county 10 years 4 month 17 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Parker (Now Fremont)
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Deceased

4. FULL NAME OF CHILD Paul Mason

5. Date of Birth
(Month, day, year) May 12, 1997

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME James Thomas Bulmer Mason
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD
16. FULL MAIDEN NAME Mason Rhoda Adelaide Hinckley
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Coalville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) June 20-1941 (b) Malcolm E. Eder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred H. Mason, being first duly sworn, say that I am _____ (Related to (or) acquainted with)
(Name of person on certificate above) as Uncle, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth unknown and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20 day of June, 1941
(SEAL) As Attorney Signature _____ P. O. Address _____
Notary Public, residing at _____
Probate Judge

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1941 JUN 4 PM 2 41

DIVISION OF
DRIVERS LICENSES
SACRAMENTO

7-10-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

753-270-008-386

RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
315280
CERTIFICATE OF BIRTH

JUL 3 1941

1. PLACE OF BIRTH
County of Base
City of Quartzburg
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Clara Elizabeth Peterson

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other. _____	5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>	7. Legiti- mate? <u>yes</u>	8. Date of birth <u>June 30</u> 1898 (Month, Day, Year)
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9. Full name FATHER Anthony P. Peterson

18. Full maiden name MOTHER Katherine Thompson

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White 12. Age at last birthday 39 (years)

20. Color or race White 21. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Darlington Wisconsin

22. Birthplace (city or place) (State or Country) Quartzburg Idaho

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ { months _____ or weeks _____ } 30. Cause of Stillbirth _____ { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was June 30 1898 at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) Charles Fairchild, M. D.

or _____, Midwife

Address Glacerville Idaho

Filed July 3 1941 Mabel E. Eder
Registrar.

Registrar.

JUN 1 1960

1000 7/23/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 10 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

315282
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Ada (b) City BOISE VALLEY
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 1 years month days

4. FULL NAME OF CHILD DESSIE ROZETTA FARMER

6. Sex FEMALE 7. Twin or Trip't _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME JOHN WILLIAM FARMER
11. Color or Race AMERICAN WHITE 12. Age at time of THIS birth 31 yrs.
13. Birthplace ARKANSAS
(City or town) (State or foreign country)
14. Exact Occupation SHEEP SHEARER
15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County _____
(c) City BOISE VALLEY
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 15-4 yrs.
(f) Mother's mailing address BOISE VALLEY, IDAHO

3. RESIDENCE OF FATHER (city, state) BOISE VALLEY

5. Date of Birth IDAHO
(Month, day year) 4-27-1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME ALICE REBECCA BABB
17. Color or Race AMERICAN WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace META MISSOURI
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

26. (a) _____ (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's _____ M.D.
OWN signature _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ALICE FARMER BURROW, being first duly sworn, say that I am RELATED TO
DESSIE ROZETTA FARMER as MOTHER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Austin, who attended said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 8th day of July, 1941
(SEAL) Saathy P. Sullivan Notary Public, residing at Los Angeles Calif.
My Commission Expires September 16, 1941

MAR 30 1949

FEB 27 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

JUL 9 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

315300

1. PLACE OF BIRTH

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Rose Martin

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Joshua McDowell Martin

11. Color White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Wrognau, Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation Farm worker, painter, paper hanger

15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 1 yr. 3 mo. yrs.

(f) Mother's mailing address Hailey, Idaho

3. RESIDENCE of FATHER (city, state)

Hailey, Idaho

5. Date of Birth

(Month, day year) August 30, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Elizabeth Lawson

17. Color White 18. Age at time of THIS birth 17 yrs

19. Birthplace Gola, Kansas
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) July 9, 1941 (b) Mabel G. Keifer
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ Date _____ (D.O., Midwife, etc.)

State of Oregon } ss.
County of Douglas

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joshua McDowell Martin, being first duly sworn, say that I am Related to Rose Martin (Related to (or) acquainted with) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Christina Smith (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this _____ day of _____, 1941,
(SEAL) _____ Notary Public, residing at Myrtle Creek, Or.

MY COMMISSION EXPIRES JANUARY 12, 1942

7-14-41

MAR 21 1949

MAR 31 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-129.029-437

315319

United States
Department of Commerce
Bureau of Census

(Be sure) the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUL 10 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD Eldo Samuel Hendricks -

6. Sex Male 7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME William Le Roy Hendricks -

11. Color White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Frankfort Ind -
(City or town) (State or foreign country)

14. Exact Occupation Farmer -

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum: intoxin

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living, _____
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) JUL 10 1941 (b) Mary E. Greer
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 20 yrs.

(f) Mother's mailing address Seattle Wash.

3. RESIDENCE of FATHER (city, state)

5. Date of Birth 29 May 1898
(Month, day year)

8. No. months of Pregnancy _____ 9. Legitimate? _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Mae McLawen

17. Color White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Taylorville Ill -
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Fritzache, being first duly sworn, say that I am related to Eldo Samuel Hendricks as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Latham, who attended said birth deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Anna Fritzache Signature

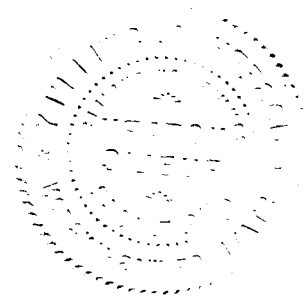
Subscribed and sworn to before me on this July day of 1941
(SEAL) Joseph E. Greer Notary Public, residing at Seattle
P. O. Address _____

7-14-41
FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

142903004669
United States
Department of Commerce
Bureau of Census
JUL 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

315468
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D.No. Ranch
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 4 years 1 month - - days

4. FULL NAME OF CHILD

WALLACE WAYNE AUSTIN

6. Sex male

7. Twin or Trip'et If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME EDWIN AUGUSTUS AUSTIN

11. Color or Race white 12. Age at time of THIS birth 32 yrs.

13. Birthplace Paris, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Self

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 16 1941 (b) Mary Hymas
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake

(c) City Montpelier

(d) Street Address or R.F.D.No. RANCH

(e) How long has MOTHER lived in Idaho? 4 yrs.

(f) Mother's mailing address Montpelier, Idaho

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth Oct. 3, 1898
(Month, day year)

8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME LILLIAN WORKS

17. Color or Race white 18. Age at time of THIS birth 27 yrs.

19. Birthplace Du Buque, Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)

and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LILLIAN AUSTIN, being first duly sworn, say that I am related to WALLACE WAYNE AUSTIN as mother (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Hymas, who attended

said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Lillian Austin Signature

6623 Crenshaw Blvd., Los Angeles, P. O. Address

Subscribed and sworn to before me on this 25th day of June, 1941 Calif.

(SEAL)

Frank Parsons Notary Public, residing at Los Angeles, Calif

My Commission Expires Jan. 6, 1944

7/18/41

APR

MAR 5 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-107025 845

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **315476**
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

JUL 16 1941

1. **PLACE OF BIRTH**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN **THIS** county _____ years _____ month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Same

4. **FULL NAME OF CHILD** Maurice Edward Cone

5. Date of Birth Nov. 7, 1896
(Month, day, year)

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Toed Cone
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Ossipee, New Hampshire
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Otie Leota O'dell
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Lamberton, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) July 16 - 1941 (Date received) (b) Harold M. Truiling (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Washington }
County of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Otie L. Cone, being first duly sworn, say that I am Related to of Maurice Edward Cone as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Samuel R. Bibb, who attended said birth is now deceased (Name of attendant at birth)
and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Otie L. Cone Signature
800 - 32nd Ave - Seattle Wash Address

Subscribed and sworn to before me on this 1st day of July, 1941
(SEAL) Harold M. Truiling Notary Public, residing at Seattle

7/18/41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-210044-281

#315502

315502

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JUL 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: in her home
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD Mary Utley
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth Sept. 10, 1898
(Month, day, year) _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Erasmus Utley
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Int. Vernon, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farming & stock raising
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellen Robinson Shannon
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Beacon, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mabel Carskadon who is related to this child as Sister
(Mother, etc.) (First name) (Last name)

26. (a) JUL 24 1941 (b) Mabel Carskadon
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel Carskadon, being first duly sworn, say that I am a sister
Mary Utley as _____ (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shirley, who attended said birth was deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mabel Carskadon Signature

Subscribed and sworn to before me on this 22nd day of July 1941

(SEAL)

Notary Public, residing at Portland, Ore

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713 224007 766

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **315678**
Local Reg. No. _____
Reg. Dist. No. _____

JUL 19 1941

1. PLACE OF BIRTH

(a) County Blaine (b) City --
(c) Street Address or R.F.D.No. --
(d) Name of Hospital or Maternity Home: --

(c) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Verrel Gertrude Palmer

6. Sex female

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME John Palmer

11. Color or Race white 12. Age at time of THIS birth 35 yrs.

13. Birthplace California Missouri
(City or town) (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business Stage

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City --

(d) Street Address or R.F.D.No. --

(e) How long has MOTHER lived in Idaho? 20 yrs.

(f) Mother's mailing address Lost River

3. RESIDENCE of FATHER (city, state) Idaho

5. Date of Birth (Month, day year) Sept. 24, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Powell

17. Color or Race white 18. Age at time of THIS birth 22 yrs.

19. Birthplace Supper Springs, Nevada
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) July 19-1941 (b) Mabel H. Leifer
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ Date _____ (D.O., Midwife, etc.)

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Palmer, being first duly sworn, say that I am Related to
Verrel Gertrude Palmer (Graves) as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown, who attended said birth cannot be located (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 12th day of July, 1941

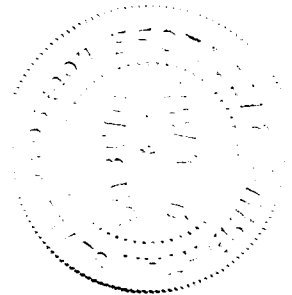
(SEAL)

Katherine Ballatone Signature
Notary Public, residing at St. Helena Oregon
My Commission expires Oct. 7, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-117-003-253

316908

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 25 1941

1. PLACE OF BIRTH

- (a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Utah (b) County Utah
(c) City Springville
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address as above Pocatello, Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD JAMES BLAINE SELLECK (now changed to James Selleck Blaine)

5. Date of Birth
(Month, day, year) April 17, 1898

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Bannister Selleck
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Belloit Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Railroad Telegrapher
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Kelly
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Springville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Mary E. Kelly (Registral signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of California }
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Sarah E. McTavish, being first duly sworn, say that I am related James Blaine Selleck, now known as James Selleck Blaine (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Johnson (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Notary Public in and for the Sarah E. McTavish Signature

County of Alameda, State of California 3645 Virden Avenue, Oakland, Calif. P. O. Address

Subscribed and sworn to before me on this 21 day of July, 19 41.

(SEAL) E. M. Lencamp Notary Public, residing at Oakland, Calif.

My Commission Expires: Sept. 11, 1944

OCT 10 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **316955**
Local Reg. No. _____
Reg. Dist. No. _____

AUG 6 1941

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD Helen Irlene Athey

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Orley Ward Athey

11. Color white or Race _____ 12. Age at time of THIS birth 24 yrs.

13. Birthplace Oregon City Oregon
(City or town) (State or foreign country)

14. Exact Occupation Printer

15. Industry or Business Idaho Daily Statesman

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise

(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address. _____

3. RESIDENCE of FATHER (city, state) Boise, Idaho

5. Date of Birth (Month, day year) Nov. 23, 1898

8. No. months of Pregnancy _____ 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Reed Haines

17. Color white or Race _____ 18. Age at time of THIS birth 20 yrs.

19. Birthplace New Richmond Ohio
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 6 1941 (Date received) (b) Maud H. Fisher (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace G. Dotson, being first duly sworn, say that I am Related to Helen Irlene Athey as Aunt (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Susan C. Bower (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

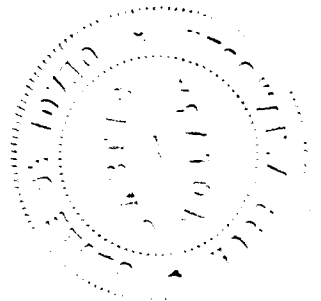
Subscribed and sworn to before me on this 6th day of Aug. 1941
(SEAL) Rosa A. Haworth Signature _____ P. O. Address Boise
Notary Public, residing at _____

1000000
8-9-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (a) County <u>Custer</u> (b) City <u>Clayton</u> (c) Street Address or R.F.D.No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>0</u> days. IN THIS county <u>10</u> years month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Clayton</u> (d) Street Address or R.F.D.No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>30</u> yrs. (f) Mother's mailing address <u>Clayton, Idaho</u>	
4. FULL NAME OF CHILD <u>Robert Harold Greene</u>		5. Date of Birth (Month, day year) <u>Aug. 23, 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lawrence Greene</u>		16. FULL MAIDEN NAME <u>Katharine Colvin</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Ottawa, Canada</u> (City or town) (State or foreign country)		19. Birthplace <u>Dillon Montana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Mining Engineer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Mining and Smelting</u>		21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>REC'D JUL 30 '44</u> (Date received)		25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of _____ County of _____ ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Robert Harold Greene, being first duly sworn, say that I am Katharine Greene (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kirby (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

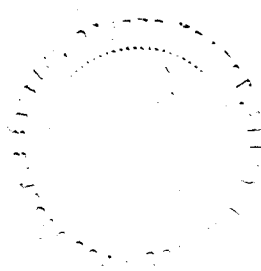
Katharine Greene Signature
P. O. Address _____

Subscribed and sworn to before me on this 25th day of July, 1944
(SEAL) Corra De Young Notary Public, residing at Los Angeles
My Commission Expires May 30, 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-110-029-451

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317164**
Local Reg. No. **119**
Reg. Dist. No. **210**

1. PLACE OF BIRTH **AUG 4 1941**
(a) County **Latah** (b) City **Troy**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN **THIS** county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Latah**
(c) City **Troy**
(d) Street Address or R.F.D.No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD **Jesse Newton Wood**
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
6. Sex **Male**

3. RESIDENCE of FATHER (city, state) _____
5. Date of Birth _____
(Month, day year) **11-10-1898**
8. No. months of Pregnancy **?** 9. Legitimate? **Yes**

FATHER OF CHILD
10. FULL NAME **Alfred Wood**
11. Color or Race **White** **12. Age at time of THIS birth** **28** yrs.
13. Birthplace **Healdsburg, California**
(City or town) (State or foreign country)
14. Exact Occupation **Woodsman-Rancher**
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME **Ada Meador**
17. Color or Race **White** **18. Age at time of THIS birth** **18** yrs.
19. Birthplace **Patterson, Missouri**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ who is related to this child as _____

26. (a) **7/31 1941** (b) **M. P. Streeker**
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature **E. L. Ferguson R.N.**
Clearing Co. Public Health Nurse (D. C. Midwife, etc.)
and address _____ Date **7-26-41**

State of **Idaho** } ss.
County of **Clearwater**

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I **M. P. Streeker**, being first duly sworn, say that I am **acquainted with** **Jesse Newton Wood** as **an acquaintance** (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that **the attendant** (Name of attendant at birth), who attended said birth, **is unknown to me** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **31st** day of **July**, 1941
(SEAL) **M. P. Streeker** Signature
Groffins Idaho P. O. Address
By Bayle Coburn, Deputy Notary Public, residing at **Groffins, Idaho**
County Auditor, Clearwater County

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

691-124-007-533

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **317190**
Local Reg. No. _____
Reg. Dist. No. **9**

AUG 4 1941

1. PLACE OF BIRTH
(a) County Blaine (b) City Doniphan
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 1 years 3 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Doniphan
(d) Street Address, or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Doniphan, Idaho
3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Edward Milton Wray
5. Date of Birth _____
(Month, day year) April 24, 1898
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William I. Wray
11. Color _____ or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Green Castle, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD
16. FULL MAIDEN NAME Cora Alice Elliott
17. Color _____ or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Thayer, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) AUG 4 1941 (b) Mabel J. Eder
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of South Dakota }
County of Bennett } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William I Wray, being first duly sworn, say that I am related to
Edward Milton Wray as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. McCoy, who attended said birth Cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William I. Wray Signature
Harrington, South Dakota P. O. Address

Subscribed and sworn to before me on this 1st day of August, 19 41
(SEAL) J. H. Snyder Notary Public, residing at Martin, So. Dak.
MA Comm. Expires 2-15-45

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-222-0285-3

United States
Department of Commerce
Bureau of the Census

AUG

9/1941

(Ensure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317360

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Kootenai (b) City Bonnere Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.
In THIS county 9 years 8 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Bonnere Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address Bonnere Ferry

3. RESIDENCE of FATHER (city, state): Bonnere Ferry Idaho

4. FULL NAME OF CHILD

Vera Eaton Jones

5. Date of Birth
(Month, day, year) June 22, 1898

6. Sex Female 7. Twin or Triplet if so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Thomas Jefferson Jones

16. FULL MAIDEN NAME Ambrosia Rosette Eaton

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

17. Color or Race White 18. Age at time of THIS birth 19 yrs.

13. Birthplace Marion County, Iowa
(City or town) (State or foreign country)

19. Birthplace Osborne County, Kansas
(City or town) (State or foreign country)

14. Exact Occupation Bookkeeper

20. Exact Occupation Housewife

15. Industry or Business General Store

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child _____ (First name) (Last name)

(born alive, stillborn)

(Mother, etc.)

26. (a) _____ (Date received) (b) Mabel T. Elder (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho ss.

County of Clearwater

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ambrosia R. Jones, being first duly sworn, say that I am Related to _____ (Related to (or) acquainted with)

Vera Eaton Rankin as mother _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Thos. Bishop, who attended said birth is now deceased and that this birth has not been previously recorded.

(Is now-deceased (or) cannot be located)

Signature _____ P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____ 1941.

(SEAL) Joseph H. Buffman Notary Public, residing at _____

Clearwater County, Idaho

JUN 21 1960

PAGE 78 TOP

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317364

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Florinda Semenza

6. Sex F.

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

5. Date of Birth
(Month, day year) July 12, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Bart Semenza

11. Color
or Race W.

12. Age at time
of THIS birth 23 yrs.

13. Birthplace.

(City or town) (State or foreign country)

14. Exact

Occupation

15. Industry or
Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Catherina Semenza

17. Color
or Race W.

18. Age at time
of THIS birth 22 yrs.

19. Birthplace.

(City or town) (State or foreign country)

20. Exact

Occupation

21. Industry or
Business

Wif

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 8 A. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) AUG 7 1941 (Date received)

(b) Mary H. Keller (Mother, etc.)
(Registrar's signature)

25. Attendant's
OWN signature

Mrs Addie Robinson (D.O., Midwife, etc.)
M.D. Deceased

27. Given name added on _____ by _____
(Registrar's signature)

and address

Date

State of _____ } ss.
County of _____

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Catherine Semenza, being first duly sworn, say that I am related
Florinda Semenza as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended
(Name of attendant at birth)

said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

x Catherine Semenza

Signature

P. O. Address

Subscribed and sworn to before me on this 4 day of August, 19 41

(SEAL)

Elizabeth Ward Notary Public, residing at 1 Vandalia
2 Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-201-003-287

United States
Department of Commerce
Bureau of Census

RECEIVED
(Be sure the information is as of date of birth of THIS child)
AUG 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

317400
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County **Bannock** (b) City **Pocatello**
(c) Street Address or R.F.D. No. **208 N. Garfield**
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Bannock**
(c) City **Pocatello**
(d) Street Address or R.F.D. No. **208 N. Garfield**
(e) How long has MOTHER lived in Idaho? **5** yrs.
(f) Mother's mailing address **Pocatello, Idaho**

4. FULL NAME OF CHILD **HAZEL KEENEY**

5. Date of Birth
(Month, day year) **Feb. 1, 1898**

6. Sex **Female** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **David Updegraff Keeney**
11. Color **White** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Carlisle, Pennsylvania**
(City or town) (State or foreign country)
14. Exact Occupation **Cattleman**
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mattie Ann Kygar**
17. Color **White** 18. Age at time of THIS birth **29** yrs.
19. Birthplace **Oswego, Kansas**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) **Aug 9 - 1941** (b) **Maud H. Keeney**
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of **Idaho**
County of **Bannock** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Mattie Kygar Keeney**, being first duly sworn, say that I am **related to**
Hazel Keeney as **Mother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Castle**, who attended said birth **is now deceased** and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____ 1941

Mattie Kygar Keeney Signature
408 So. 4th Ave. Pocatello, Idaho P. O. Address
8th day of **August** 1941
Lester M. White Notary Public, residing at **Pocatello, Idaho**

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-109-022-395

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317416
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Freemont (b) City Lyman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 6 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Freemont
(c) City Lyman
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Freemont

4. FULL NAME OF CHILD Frank Herbert Taylor

5. Date of Birth
(Month, day, year) May 9-1898

6. Sex male 7. Twin or Triplet _____ If so, born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Dan Taylor
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Poeble Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Arrena May Briddle Taylor
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Morgan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 7 1941 (b) Mary H. Fisher
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

State of Utah ss.
County of Boz Elder

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Arrena May Briddle Taylor, being first duly sworn, say that I am The Mother of
Frank Herbert Taylor as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 199, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Arrena May Briddle Taylor, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Arrena May Briddle Taylor Signature
Freemont Utah P. O. Address

Subscribed and sworn to before me on this 11 day of June 1941
(SEAL) Lewis Drenkman Notary Public, residing at Freemont Utah
My Commission Expires Jan 12-1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

595-106-29-495

317437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

AUG 12 1941

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address <u>Deceased</u>	
4. FULL NAME OF CHILD <u>Merlin Monroe Vincent</u>		5. Date of Birth (Month, day, year) <u>Aug. 6 - 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Roy Monroe Vincent</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Chaseburg, Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Carrie Uving</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Bergen, Norway</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead 2 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) **(b)** Maude Heeler (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Washington } ss.
 County of Stevens

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ROY M. VINCENT, being first duly sworn, say that I am related (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Gritman (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Roy M. Vincent Signature
ORIENT, Wash. P.O. Address

Subscribed and sworn to before me on this 8th day of AUGUST, 19 41
 (SEAL) John R. Gquire Notary Public, residing at Colville, Wn.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219 124031 719

RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
AUG 9 1941
CERTIFICATE OF BIRTH

STATE OF IDAHO

317518
State File No.
Local Reg. No. 37
Reg. Dist. No. 232

1. PLACE OF BIRTH (a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years 3 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Craigmont
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 3 Mo; yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD Bruce Bartlett
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE of FATHER (city, state) _____
5. Date of Birth (Month, day year) 9;24;1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles M Bartlett
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Erie Penna. (City or town) (State or foreign country)
14. Exact Occupation Federal Employee
15. Industry or Business Dept. Indian Affairs

MOTHER OF CHILD
16. FULL MAIDEN NAME Laura Ellen Parks
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Kentucky (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Buel Bartlett, who is related to this child as Brother (First name) (Last name)

26. (a) July 27 1941 (b) C. E. Clovis
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Bertha B. Pardue M.D. (No. Midwife, etc.)
and address Craigmont Ida Date 7-26-41

State of Idaho ss.
County of Lewis

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha B. Pardue, being first duly sworn, say that I am acquainted with Bruce Bartlett as acquainted (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Worthington, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 26 day of July 1941
(SEAL) Eugene Notary Public, residing at Craigmont Idaho
Signature Bertha B. Pardue P. O. Address _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

652-108 036 396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **317566**

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

AUG 13 1941

1. **PLACE OF BIRTH:**
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 55 yrs.
(f) Mother's mailing address _____
3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Ernest Webb
6. Sex male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Sept 8 1898
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Edwin Dell Ray Webb
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

16. **FULL MAIDEN NAME** E. Elizabeth Lish
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace St. George Utah
(City or town) (State of foreign country)
20. Exact Occupation Farmer's wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 13 1941 (Date received) (b) M. A. Y. E. L. I. S. H. (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minnie Barnard, being first duly sworn, say that I am related to Ernest Webb as sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Emily Lish (Name of attendant at birth) who attended said birth now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Minnie Barnard Signature
American Falls, Idaho. P.O. Address

Subscribed and sworn to before me on this 17 day of Aug, 19 41
(SEAL) County Recorder and Clerk of Notary Public, residing at AMERICAN FALLS, IDAHO
THE DISTRICT COURT

8-11-4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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258-119 044168

318735

318735

United States **AUG 25 1941** (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of Census **STATE OF IDAHO** Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
IN THIS county 3 years month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Weiser, Idaho

4. FULL NAME OF CHILD Valor Gotthard Snyder
5. Date of Birth (Month, day year) Aug. 19, 1898
6. Sex male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER of CHILD
10. FULL NAME Lammell Renotis Snyder
11. Color or Race white **12. Age at time of THIS birth** 41 yrs.
13. Birthplace (City or town) Centerville Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER of CHILD
16. FULL MAIDEN NAME Clara Sophia Johnson
17. Color or Race white **18. Age at time of THIS birth** 40 yrs.
19. Birthplace (City or town) Kisa Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 P.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clara Snyder, who is related to this child as mother (First name) (Last name)

26. (a) AUG 25 1941 (Date received) **(b) Mabel E. Seifer** (Mother, etc.) (Registrar's signature)
25. Attendant's OWN signature _____ **M.D.** (D.O., Midwife, etc.)
27. Given name added on _____ **by** _____ **and address** _____ **Date** _____ (Registrar's signature)

State of Idaho **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Washington Ida.

I, Clara Snyder, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Valor Gotthard Snyder as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shirley (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Clara Snyder Signature
Weiser Idaho P. O. Address
Subscribed and sworn to before me on this 25th day of August, 1941
(SEAL) O. E. Thamm Notary Public, residing at Boise Ida.

8-25-11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291 111 001 185

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP - 6 1941 STATE OF IDAHO

318901
State File No. **318901**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 328 E. Pennant St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 328 E. Pennant St
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address 2050 Wyke Blvd.

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD

Wesley Merritt Krall

5. Date of Birth

(Month, day year) June 11, 1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Krall, Jr.

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Boise Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lettie Medora Ayers

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Middleton Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(born alive, stillborn) (First name) (Last name)

26. (a) SEP - 6 1941
(Date received)

(b) David H. Ender
(Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lettie M. Clay, being first duly sworn, say that I am related to Wesley Merritt Krall as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. C. Pussner, who attended said birth, and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of Sept.
(SEAL) David H. Ender Notary Public, residing at Boise, Idaho.

Signature Lettie M. Clay
P. O. Address 1208 Campbell St. Boise, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 10 1941

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Alturas (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county Ten years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Alturas
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ten yrs.
(f) Mother's mailing address Hailey, Idaho

3. RESIDENCE of FATHER (city, state) Hailey, Ida.

4. FULL NAME OF CHILD

Doan Crans Martin

5. Date of Birth

(Month, day year) Dec. 7, 1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

Nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Crans Martin
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Michigan
(City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Ella Dayton
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Dessert Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date and at the place stated above, and that personal particulars were furnished by Maud E. Martin, who is related to this child as own Mother (First name) (Last name)

26. (a) SEP 10 1941 (Date received) (b) Maud E. Martin (Mother, etc) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Lincoln

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud E. Martin, being first duly sworn, say that I am related to Doan Crans Martin as his Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Henrietta Dayton (Is now deceased) (or) cannot be located, who attended said birth is now deceased and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 8 day of Sept, 1941

(SEAL)

Maud E. Martin Signature
708 O'Farrell St. - Boise, Idaho P. O. Address

Notary Public, residing at Boise, Idaho

My Commission expires Dec. 15-1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

145-111 025-293

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

318979
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH **AUG 21 1941**
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home:
born at his own home
(e) Mother's stay BEFORE delivery: not in hospital
In Hosp. or Mat. Home days.
IN THIS county 16 years -- month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Grangeville, Idaho

4. FULL NAME
OF CHILD Rial William Ames

5. Date of Birth
(Month, day, year) Sept. 11, 1898

6. Sex male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Rial Ames
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Peoria Ill.
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business -----

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Luisia Sills
17. Color or Race white 18. Age at time of THIS birth 16 yrs.
19. Birthplace Grangeville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

AUG 21 1941
26. (a) _____ (Mother, etc.)
(Date received) (b) Mary E. Eddy
(Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Nellie Richey, being first duly sworn, say that I am acquainted
Rial William Ames as an acquaintance (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that 3. F. Bibby M. D., who attended
(Name of attendant at birth)
said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19th day of Aug 1941
(SEAL) M. Harris Signature Mrs Nellie Richey
White Bird Idaho P.O. Address
Notary Public, residing at Grangeville

For [illegible]
AUG 12 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

[Faint circular stamp in bottom right corner]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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319017

United States (Be sure the information is as of date of birth of THIS child) State File No. 319017
Department of Commerce AUG 26 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH near Genesee, Idaho
(a) County. Nez Perce (b) City.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home on farm
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State. Idaho (b) County. Nez Perce
(c) City. on farm
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address. Genesee, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD George William Morscheck
5. Date of Birth (Month, day year) 12/10/1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Herman Morscheck 16. FULL MAIDEN NAME Marie Blume
11. Color white 12. Age at time of THIS birth 37 yrs. 17. Color white 18. Age at time of THIS birth 39 yrs.
13. Birthplace East Prussia, Germany (City or town) (State or foreign country) 19. Birthplace Hanover, Germany (City or town) (State or foreign country)
14. Exact Occupation farmer for self 20. Exact Occupation house wife
15. Industry or Business grain farmer 21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as. (First name) (Last name)

26. (a) AUG 26 1941 (Date received) (b) M. H. E. (Mother, etc) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss.
County of Latah }
I, Fred Morscheck, being first duly sworn, say that I am related to George William Morscheck as brother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Ehlen, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth) (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of August 1941, 19
(SEAL) Notary Public, residing at Genesee, Idaho
Signature P. O. Address

213-111

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556 114 036 815
United States
Department of Commerce
Bureau of Census

AUG 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

319022
State File No. _____
Local Reg. No. 38
Reg. Dist. No. 541

1. PLACE OF BIRTH *Onida*
(a) County *Franklin* (b) City *Riverdale*
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Franklin*
(c) City *Riverdale*
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address: _____

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD *Ammon Morris Newbold*

5. Date of Birth *July 14, 1898*
(Month, day year)

6. Sex *Male* 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy *9* 9. Legitimate? *Yes*

FATHER OF CHILD

10. FULL NAME *John George Newbold*
11. Color or Race *White* 12. Age at time of THIS birth *29* yrs.
13. Birthplace *Wales*
(City or town) (State or foreign country)
14. Exact Occupation *Farmer*
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME *Hulda Handy*
17. Color or Race *White* 18. Age at time of THIS birth *50* yrs.
19. Birthplace *Franklin Idaho*
(City or town) (State or foreign country)
20. Exact Occupation *House wife*
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *1*
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was *Alive* at *10:30 P.M.* on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by *Hulda Newbold*, who is related to this child as *Mother*
(First name) (Last name)

26. (a) *Aug 23, 1941* (b) *Dr. B.W. Statler*
(Date Received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of *Idaho* } ss.
County of *Franklin*

I, *Hulda Newbold*, being first duly sworn, say that I am *related to* _____
Ammon M. Newbold as *Wife* _____
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Mr. McGowan*, who attended said birth _____, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Hulda Newbold _____ Signature
P. O. Address _____

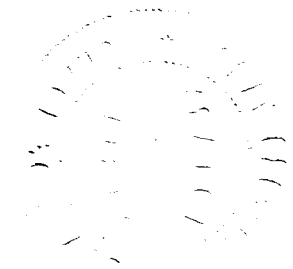
Subscribed and sworn to before me on this *23* day of *August*, 19*41*
(SEAL) *Comptroller* Notary Public, residing at *Poston Idaho*

8/20/11

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-209 044 212

United States
Department of Commerce
Bureau of Census

SEP 3 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **319253**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Washington (b) City Salubria Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 16 years 7 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Salubria, Ida.

3. RESIDENCE of FATHER (city, state) Salubria, Ida.

4. FULL NAME

OF CHILD Dorothy Hannan

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) March 9, 1898

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Vanburen Hannan
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Stockton, California
(City or town) (State or foreign country)
14. Exact Occupation Run Pool hall
15. Industry or Business Pool hall

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Catherine Babb
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Ozage County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10
(c) Born alive and now dead one (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) SEP 3 1941 (b) Martin Hannan
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Shannon

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Nancy C. Hannan, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Dorothy Hannan as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. Cole, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20 day of Sept, 1941

(SEAL)

Signature Nancy C. Hannan
P. O. Address

NOTARY PUBLIC FOR OREGON NOTARY PUBLIC FOR OREGON

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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268 709 007 289

United States
Department of Commerce
Bureau of Census

SEP 9 1941

The information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319260

State File No. _____
Local Reg. No. 120
Reg. Dist. No. 410

1. PLACE OF BIRTH (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>14</u> yrs. (f) Mother's mailing address <u>Hailey, Idaho</u>	
4. FULL NAME OF CHILD <u>Charles Dewey Boyd</u>		3. RESIDENCE of FATHER (city, state) <u>Hailey, Idaho</u>	
6. Sex <u>Male</u> 7. Twin or Triplet _____ If so—born _____ 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>		5. Date of Birth (Month, day, year) <u>8-9-1898</u>	
FATHER OF CHILD 10. FULL NAME <u>Francis William Boyd</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>37</u> yrs. 13. Birthplace <u>Quebec</u> <u>Quebec, Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ann Byrne</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>27</u> yrs. 19. Birthplace <u>Newark</u> <u>New Jersey</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>AGNO3</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead _____ (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born Alive ? A</u> M. on the date _____ (born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by <u>Mary Boyd</u> , who is related to this child as <u>Mother</u> (First name) (Last name)			
26. (a) <u>8-29-1941</u> (Date received) (b) <u>Robert H. Wright</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) _____	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Idaho }
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Boyd, being first duly sworn, say that I am related to Charles Dewey Boyd as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. N. J. Brown (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mary Boyd Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of September, 19 41
(SEAL) Joseph W. Guld Notary Public, residing at Hailey, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

17-6-6

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319273

United States (Be sure the information is as of date of birth of THIS child) State File No. **SEP 4 1941**
 Department of Commerce **SEP 4 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **Bingham** STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County **Booneville** (b) City **Shelley**
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home days.
 IN THIS county years **4** month **0** days **0**

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State **Idaho** (b) County **Booneville**
 (c) City **Shelley** **Bingham**
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? **4** yrs.
 (f) Mother's mailing address **Shelley, Idaho**

3. RESIDENCE of FATHER (city, state) **Shelley, Idaho**
4. FULL NAME OF CHILD **Randall Andrew Norrup**
5. Date of Birth (Month, day year) **April 27, 1898**
6. Sex **male** **7. Twin or Triplet** **8. No. months of Pregnancy** **9** **9. Legitimate?** **yes**

FATHER OF CHILD
10. FULL NAME **Andrew James Norrup**
11. Color or Race **white** **12. Age at time of THIS birth** **25** yrs.
13. Birthplace (City or town) **Denmark** (State or foreign country) **Denmark**
14. Exact Occupation **Painter**
15. Industry or Business **Business**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Mary Jane Roberts**
17. Color or Race **white** **18. Age at time of THIS birth** **19** yrs.
19. Birthplace (City or town) **Brigham City, Utah** (State or foreign country) **USA**
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **3**
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to **SEP 4 1941** child, as (First name) (Last name)

26. (a) **SEP 4 1941** (Date received) **(b)** **Mabel H. Elder** (Mother, etc.) (Registrar's signature)
27. Given name added on **by** (Registrar's signature) **and address** **Date** M.D. (D.O., Midwife, etc.)

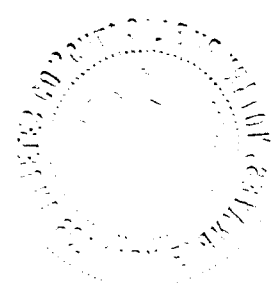
State of **California** } ss.
 County of **Los Angeles** }
 I, **Mary J. Norrup**, being first duly sworn, say that I am **related to** **Randall Andrew Norrup** as **mother** (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Edwina Huebner** (Name of attendant at birth) who attended said birth **is now deceased** and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
 Signature **Mary J. Norrup** P. O. Address **120 W. N. Street, Compton, Calif.**
 Subscribed and sworn to before me on this **30th** day of **August**, 19**41**.
 (SEAL) **Vida B. Graves** Notary Public, residing at **Compton, Calif.**
 My commission expires Oct. 9, 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

451-109 044 439

#319334

319334

United States SEP 20 1941
Department of Commerce
Bureau of Census RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
in private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years 11 month 9 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. 11 Mo. 9da
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Midvale, Idaho
3. RESIDENCE of FATHER (city, state) Midvale, Ida

4. FULL NAME OF CHILD Dale Alfred Deaton
6. Sex male
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

5. Date of Birth
(Month, day year) March 9, 1898

FATHER OF CHILD
10. FULL NAME Willis Martin Deaton
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Carlsile, Warren Co., Iowa
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Retta McRoberts
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Carlsile, Warren Co., Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at P. M. on the date and at the place stated above, and that personal particulars were furnished by Retta Deaton, who is related to this child as mother (First name) (Last name)

26. (a) SEP 20 1941 (Date received)
(b) Mabel E. Deaton (Mother, etc.)
27. Given noted on by (Registrar's signature)

25. Attendant's OWN signature (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Gem

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Retta Deaton, being first duly sworn, say that I am related to Dale Alfred Deaton as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Retta Deaton Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 19th day of September, 19 41
(SEAL) Margaret D. Deaton Notary Public, residing at Emmett, Idaho
My Commission expires Oct. 13, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 28 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

319417

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Oneida</u> (b) City <u>Rockland</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at our home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. IN THIS county <u>23</u> years month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Rockland</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>23</u> yrs. (f) Mother's mailing address.	
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4. FULL NAME OF CHILD <u>Frank Peter May</u>		5. Date of Birth (Month, day year) <u>11-30-98</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>single</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Jude Allen May</u>	16. FULL MAIDEN NAME <u>Rosalie Elvira Perry</u>	11. Color or Race <u>white</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>39</u> yrs.	18. Age at time of THIS birth <u>39</u> yrs.	13. Birthplace <u>Bountiful Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Perry Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>house wife</u>	15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 5 A. M. on the date 11-30-98 (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rosalie May, who is related to this child as mother (First name) (Last name)

26. (a) SEP 11 1941 **(b)** Mary E. Elder **25. Attendant's**
(Date received) (Registrar's signature) **OWN signature** midwife dead **M.D.**
27. Given name added on by **and address** midwife dead **Date** 11-30-98
(Registrar's signature) (D.O., Midwife, etc.)

State of Wyoming } ss.
County of Big Horn }
Rosalie May, being first duly sworn, say that I am the mother (Related to (or) acquainted with)
as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that midwife, dead (Name of attendant at birth), who attended said birth, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 29th day of August 19 41
(SEAL) Rosalie May Signature
Lovell, Wyoming. P. O. Address
Richardson Notary Public, residing at Lovell, Wyoming.
Commission Expires March 2, 1945

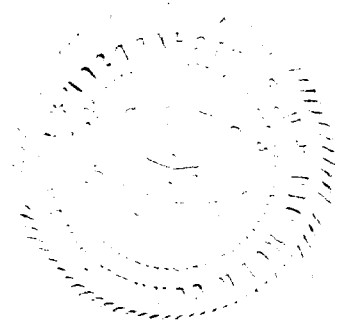
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APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Oneida (now Franklin)
City of Preston, Idaho.
No. None. St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319479

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Taylor Loray Manning

3. Sex Male If plural births { 4. Twin, triplet, or other Nil. 6. Premature Nil 7. Legiti- 8. Date of birth Sept. 19, 1898
5. Number, in order of birth Nil. Full term Yes. mate? Yes. (Month, Day, Year)

9. Full name FATHER
ALMA TAYLOR MANNING

18. Full maiden name MOTHER
MARY ELIZABETH WINN

10. Residence (usual place of abode)
(If non-resident, give place and State) Preston, Idaho

19. Residence (usual place of abode)
(If non-resident, give place and State) Nil.

11. Color or race White 12. Age at last birthday 20 (years)

20. Color or race White 21. Age at last birthday 25 (years)

13. Birthplace (city or place)
(State or Country) Richfield, Utah

22. Birthplace (city or place)
(State or Country) Adamsville, Utah

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeping.

16. Date (month and year) last engaged in this work Sept 19, 1898 17. Total time (years) spent in this work 5 yrs.

OCCUPATION 25. Date (month and year) last engaged in this work Sept 19, 1898 26. Total time (years) spent in this work 5 yrs.
Boric Acid.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
Four (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation Nil. { months or weeks 30. Cause of Stillbirth Nil. { During labor Nil. Before labor Nil.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 5 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) Mary Elizabeth Manning

or Mary Elizabeth Manning, Mother

Address 14 N. Fisher Avenue, Blackfoot, Idaho.

Filed Sept 15, 1901 Mary E. Manning

Registrar.

Registrar.

071010

SEP 17 1947

[Faint, mostly illegible text covering the page, likely a document or report.]

415710036695

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of IDAHOCounty of BINGHAM

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MARY ELIZABETH MANNING

being first duly sworn says that

she

is the Mother
(Relationship of child)*

of

TAYLOR LORAY MANNINGborn September 19, 1898
(Date of birth)at Preston, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Taylor Loray Manning

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Nancy Beckstead, M.D., was the
Midwife

medical attendant at the birth of said Taylor Loray Manning and that
the said medical attendant is deceased.

(Now deceased (or) cannot be located)

Name of Affiant

Mary Elizabeth Manning

P. O. Address

14 N. Fisher Avenue, Blackfoot, Idaho.

Subscribed and sworn to before me this

third

day of

June1941.Archie A. Kennedy

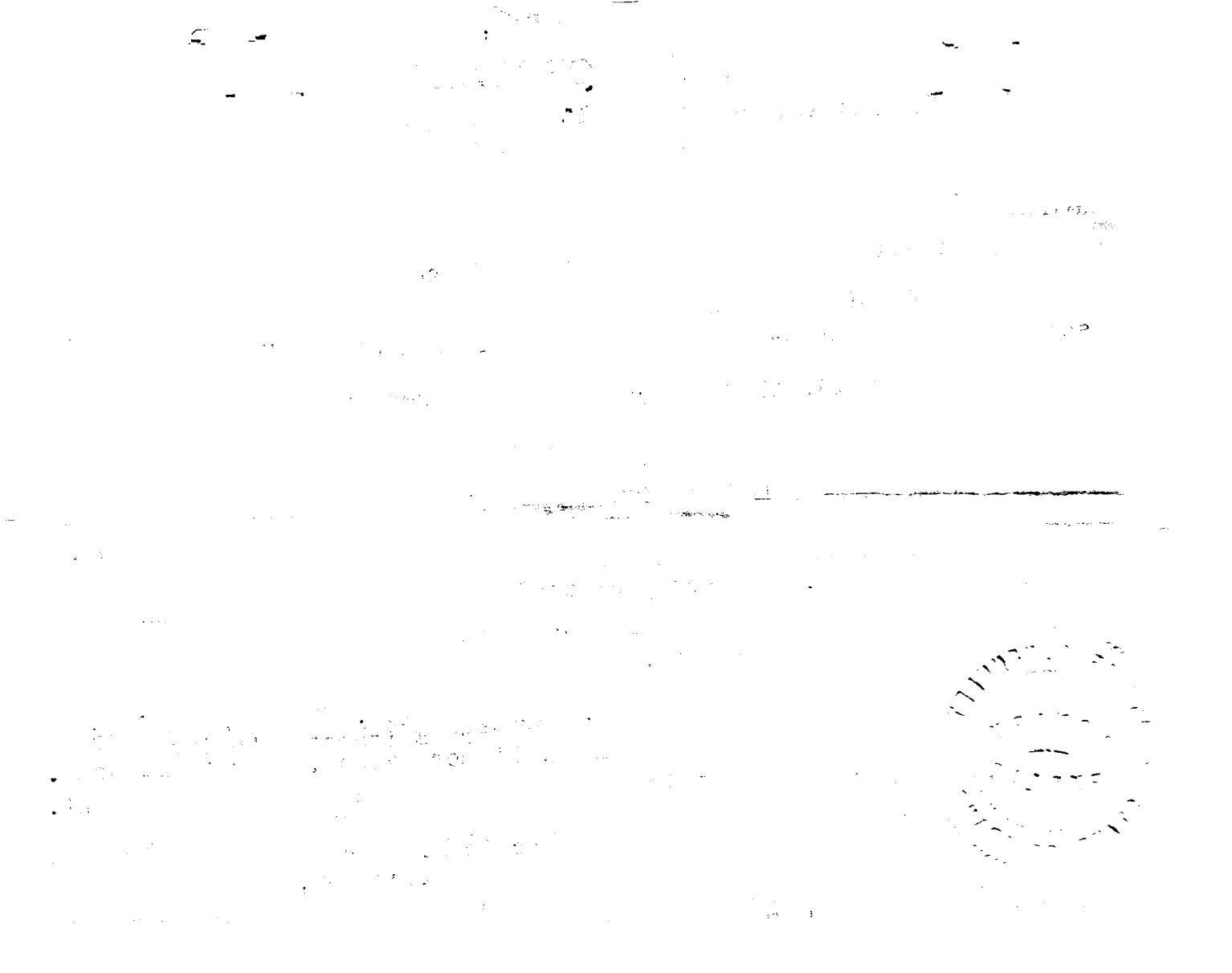
Notary Public.

Residing at

Blackfoot,

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213 128 036-843

United States (Be sure the information is as of date of birth of THIS child) State File No. **319516**
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census *Oreida* SEP 15 1941 Local Reg. No.
STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: On Homestead in Franklin Co Idaho
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Fairview
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 71 yrs.
(f) Mother's mailing address Preston Idaho

3. RESIDENCE of FATHER (city, state) Preston Ida

4. FULL NAME OF CHILD Joshua Kenneth Rallison
5. Date of Birth (Month, day year) 4/26/98
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Joshua Rallison 16. FULL MAIDEN NAME Margaretta Hull
11. Color White 12. Age at time of THIS birth 33 yrs. 17. Color White 18. Age at time of THIS birth 28 yrs.
13. Birthplace Cockley Clay England (City or town) (State or foreign country) 19. Birthplace Franklin Franklin Co. Ida. (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) Sept 15-1941 (Date received) (b) Mary H. Morgan (Mother, etc. Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joshua Rallison, being first duly sworn, say that I am Related to Joshua Kenneth Rallison as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen Morgan, who attended said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joshua Rallison Signature
Preston Idaho Box 374 P. O. Address
Subscribed and sworn to before me on this 13 day of Sept, 1941
(SEAL) Arthur J. Morgan Notary Public, residing at

SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

569111-007964

319522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Family residence</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
4. FULL NAME OF CHILD <u>Sidney Joseph Normington</u>		5. Date of Birth of Child <u>Jan. 11</u> (Month, day, year) <u>Monday 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph Normington</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>St. Dominic, Cornwall, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Mining man</u> 15. Industry or Business <u>Mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Angelina Rodda</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Cross, Cornwall, England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Mild Salt Solution</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:00 P.M. on the date Jan. 11 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Angelina Rodda, who is related to this child as Mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature _____ **M.D.** _____
Midwife _____ **Address** _____ **Date** _____

State of Idaho
 County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Anna Case (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angelina Rodda Normington Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942
 (SEAL) D. W. Walker Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Marj G. Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

366-118 032-719
United States
Department of Commerce
Bureau of the Census

SEP 15 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **319602**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Lincoln (b) City Rosalia
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Lincoln
(c) City Rosalia
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address (For registration notice):
Rosalia Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Rosalia, Idaho

4. FULL NAME OF CHILD

Joseph Earl Melworth Joseph

5. Date of Birth Sept. 18/1898
(Month, day, year)

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Reuben Melworth Joseph

11. Color or Race

White

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Guthrie Centre, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation

Marshall City

15. Industry or Business

City Marshall

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice Ruby Parry

17. Color or Race

White

18. Age at time of THIS birth

23 yrs.

19. Birthplace

Ogden Utah
(City or Town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Ag No 3 1/2

23. Number of children of this mother: (a) At time of birth and including this child

2

(b) Born alive and now living

2

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive **at** 8 **A.M.** **on the date**
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mrs Alice Joseph **, who is**
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) SEP 15 1941
(Date received)

(b) Marcel E. Eder
(Registrar's signature)

25. Attendant's OWN signature

Alice Joseph **M.D.**
(D.O., Midwife, etc.)

27. Given name added on _____ **by** _____

(Registrar's Signature)

and address

Rosalia, Idaho **Date** Sept. 13/41

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....
.....

(b) Labor: Complications:.....

.....
..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

del. at birth 4/24/11

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?.....

(4) Signature of Physician:.....

.....

500E

BOTH

669-208 014-298

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **319706**
Local Reg. No.
Reg. Dist. No.

SEP 17 1941

1. PLACE OF BIRTH

- (a) County Canyon (b) City Champana
(c) Street Address or R.F.D. No. 503 11. and south
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: Born at family
In Hosp. or Mat. Home.....days.
IN THIS county years month None days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Champana
(d) Street Address or R.F.D. No. 503 11. and south
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address 503 11. and south

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Dorothy Anna May Morden

6. Sex Female

7. Twin or Triplet Triplet

If so born 1st, 2nd, 3rd 1st

8. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth (Month, day year) October 1898

FATHER OF CHILD

10. FULL NAME

Philip Lee Morden

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Unknown, Province of Ontario, Canada
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 8 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) SEP 17 1941 (b) Mabel H. E. refer
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature.....M.D.
(D.O., Midwife, etc.)

27. Given name added on.....by.....and address.....Date.....
(Registrar's signature)

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Leslie Dunn, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Dorothy Anna May Morden (Name of person on certificate above) first cousin (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. T. H. Kohler (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mrs. Leslie Dunn Signature
Sept 18 1941 P. O. Address

Subscribed and sworn to before me on this 18 day of September, 1941
(SEAL) Mabel H. E. refer Notary Public, residing at Champana, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 207-036-316

319738

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **SEP 12 1941** STATE OF IDAHO Reg. Dist. No.

1. **PLACE OF BIRTH** (a) County Onieda (b) City Preston
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 2 years 3 month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
 (a) State Idaho (b) County Onieda
 (c) City Preston
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 6 yrs.
 (f) Mother's mailing address Preston, Idaho

3. **RESIDENCE of FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Juanita Lawisch Hickman
 5. Date of Birth (Month, day year) Nov. 7, 1898
 6. Sex Female 7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd -----
 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD 10. **FULL NAME** Josiah Edwin Hickman
 11. Color or Race White 12. Age at time of THIS birth 36 yrs.
 13. Birthplace Salem Utah, U. S.A.
 (City or town) (State or foreign country)
 14. Exact Occupation Teacher
 15. Industry or Business

MOTHER OF CHILD 16. **FULL MAIDEN NAME** Martha Augusta Lawisch
 17. Color or Race White 18. Age at time of THIS birth 28 yrs.
 19. Birthplace Hanover Germany
 (City or town) (State or foreign country)
 20. Exact Occupation Teacher and Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
 (c) Born alive and now dead nil (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)

26. (a) SEP 18 1941 (b) Margaret B. Hickman 25. Attendant's
 (Date received) (Registrar's signature) **OWN** signature M.D.
 27. Given name added on by and address Date
 (Registrar's signature) (D.O., Midwife, etc.)

State of Utah } ss.
 County of Cache }

I, Martha A. Hickman, being first duly sworn, say that I am related to
Juanita Lawisch Hickman as Mother
 (Name of person on certificate above) (State relationship or acquaintance)
 whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that Mrs. Reese, who attended
 said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Martha A. Lawisch-Hickman Signature
54 South 3rd West, Logan, Utah P. O. Address

Subscribed and sworn to before me on this 16th day of September, 1941
 (SEAL) Margaret B. Hickman Notary Public, residing at Logan, Utah.
 My commission expires January 12, 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

145-117-044-793

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

319778

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Herbert Clement Ader

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

John Wesley Ader

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Princeton, Missouri

(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business No other

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington

(c) City Midvale

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 17 yrs.

(f) Mother's mailing address middle valley, Idaho

3. RESIDENCE of FATHER (city, state) middle valley, Idaho

5. Date of Birth

(Month, day year) May 17, 1898

8. No. months of Pregnancy 9mo

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bertha Pickett

17. Color or Race white

18. Age at time of THIS birth 20 yrs

19. Birthplace Ravanna, Missouri

(City or town) (State or foreign country)

20. Exact Occupation Farmers wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) SEP 22 1941

(Date received)

(b) Mary E. Ader

(Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

and address _____

(D.O., Midwife, etc.)
Date _____

State of Idaho

County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Ader, being first duly sworn, say that I am related Herbert Clement Ader as Mother (Related to (or) acquainted with) whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Brown (Name of attendant at birth) who attended

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Bertha Ader

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____ 1941

(SEAL)

J. N. Gooding Notary Public, residing at Midvale Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795 227-025 815

321044

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce SEP 24 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: At home
In Hosp. or Mat. Home. days.
IN THIS county one years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? One yrs.
(f) Mother's mailing address Grangeville, Ida.

3. RESIDENCE of FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Helen Pheobe Green
5. Date of Birth (Month, day year) April 27, 1898
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine 9. Legitimate? yes 1898

FATHER OF CHILD
10. FULL NAME Grant A. Green
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Lapeer, Mich.
(City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Marie Louise Hancock
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Tilsonberg, Ont., Canada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) SEP 24 1941 (b) Marie L. Green 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Idaho }
I, Marie L. Green, being first duly sworn, say that I am Mother of Helen Green
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stockton, who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Marie L. Green Signature
P. O. Address
Subscribed and sworn to before me on this 23 day of September 1941.
(SEAL) M. L. Ayers Notary Public, residing at Grangeville Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

7-2-41
FEB 4 1965

SEP 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



273-107 02 2 168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321102**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH **SEP 26 1941**
(a) County Fremont (b) City Ora.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
IN THIS county years 9 month 15 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ora.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Ora.

3. RESIDENCE of FATHER (city, state) Idaho
5. Date of Birth (Month, day year) 12/7/1898

4. FULL NAME OF CHILD William Lavon Hill.
6. Sex Male **7. Twin or Triplet** no **If so—born 1st, 2nd, 3rd**

FATHER OF CHILD

10. FULL NAME William Henry Hill, Jr.
11. Color or Race White **12. Age at time of THIS birth** 33 yrs.
13. Birthplace Smithfield, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Brick Mason.
15. Industry or Business Brick layer.

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina S. Johnson,
17. Color or Race White **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Salt Lake City, Utah.
(City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business house wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 8.
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was live at 10 P. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Christina Hill, who is related to this child as Mother
(First name) (Last name)

26. (a) SEP 26 1941 **(b)** Mary Hill **25. Attendant's OWN signature** M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by **and address** Date
(Registrar's signature)

State of Idaho } ss.
County of Fremont

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Christina Hill, being first duly sworn, say that I am Related as Mother, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Silkie, who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased and cannot be located)

Christina Hill Signature
St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me on this 23 day of September, 19 41

(SEAL)

Notary Public, residing at St. Anthony, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213-213-025-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

321200

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. **PLACE OF BIRTH:**
(a) County. Idaho (b) City. Cottonwood
(c) Street Address or R.F.D. No. RFD.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. 3 years. 6 months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. (b) County.
(c) City.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD.** Hulda Clara Francesca Kalin 5. Date of Birth (Month, day, year). Nov. 13, 1898.
6. Sex. Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

- FATHER OF CHILD**
10. **FULL NAME** Frank Meinrad Kalin
11. Color or Race White 12. Age at time of THIS birth. 38 yrs.
13. Birthplace. Ensdelin, Switzerland
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Anna Rosalie Jenni
17. Color or Race White 18. Age at time of THIS birth. 39 years
19. Birthplace. Berne, Switzerland
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 9 (b) Born alive and now living. 8
(c) Born alive and now dead. 1 (d) Stillborn. 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) Sept 29-1944 (b) Mary H. Eeder
(Date received) (Registrar's signature)
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date
27. Given name added on by
(Registrar's signature)

State of California ss.
County of Santa Barbara
I, M. F. Kalin, being first duly sworn, say that I am related to Hulda Clara Francesca Kalin as Brother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Father, Frank Kalin who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Subscribed and sworn to before me on this 26th day of May 1944.
(SEAL) Thomas Notary Public, residing at Lompoc, Calif.

CERTIFICATE OF BIRTH

DELAYED REGISTRATION LAW

(1937 Boston Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses provided in Chapter 1, Title 22, Public Code Annotated, when such report is accompanied by a certification of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of Census

104. Ensure the information is as of date of birth of THIS child)

State File No. 001023

Local Reg. No.....

Reg. Dist. No.,.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

321325

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Washington St (No number
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: **Born at home**
In Hosp. or Mat. Home.....days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Washington No Num
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

5. Date of Birth
(Month, day year).....Jan.....15.....1898

4. FULL NAME
OF CHILD ...

Robert Emmett Clarke

6. Sex	Male	7. Twin or Triplet	If so—born 1st. 2nd. 3rd
--------	------	--------------------	-----------------------------

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Higgins Clarke

11. Color or Race White 12. Age at time of THIS birth 36 yrs.

13. Birthplace Freeport Illinois
(City or town) (State or foreign country)

14. Exact Occupation Hardware Merchant

15. Industry or Business Operation of Hardware Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Mary Huett
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Gratiot Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child.....4 (b) Born alive and now living...3
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) SEP 18 1941 (Date received) (b) Mother, etc.) 25. Attendant's OWN signature (Date received) (c) Registrar's signature (Date received) (d) MD

27. Given name added on.....by.....
(Registrar's signature)

State of Washington } ss.
County of Whatcom }

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Florence Mary Clarke, being first duly sworn, say that I am related to
Robert Emmett Clarke as his Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. F. Worthington, who attended

said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mr. Florence M. Clarke Signature

Subscribed and sworn to before me on this 16 day of Sept 19 41
(SEAL) E. M. Birtchler Notary Public, residing at Bellingham Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381 204 044 854

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321362**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser

(c) Street Address or R.F.D. No. 1

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home days.

IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State (b) County

(c) City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Maud Champlin

6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) April 4-
1898

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen Frank Champlin

11. Color or Race White 12. Age at time of THIS birth 40 yrs.

13. Birthplace Northmoreland, Pa.
(City or town) (State or foreign country)

14. Exact Occupation Farmer and Dairyman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Joanna Hemenway

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Morgan Utah
(City or town) (State or foreign country)

20. Exact Occupation Farmwife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

(c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 1 1941 (Date received) (b) Maud Champlin (Mother, etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joanna Champlin, being first duly sworn, say that I am related Maud Champlin as Mother (Related to (or) acquainted with) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. E. Shirley (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20th day of September, 1941.
(SEAL) Mrs. H. J. Thompson Notary Public, residing at Caldwell, Idaho.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

615-707 010-238
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

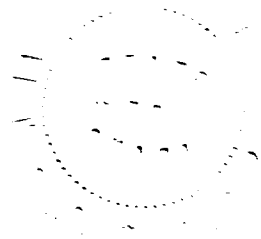
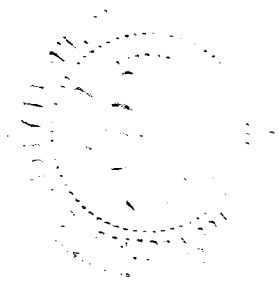
State File No. 321427

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Lewis Peter Deteph Waetje			2. Date (month) (day) (year) Of Birth March 7 1898		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Bonneville	b. City or Town of Birth Idaho Falls		
FATHER	6. Full Name of Father Peter Henry Waetje			7. State or Country of Father's Birth Germany		
MOTHER	8. Full Maiden Name of Mother Louise Schroeder			9. State or Country of Mother's Birth Germany		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lewis Peter Deteph Waetje</i>		11. Present Address of Registrant <i>827 Fischer at Wendall City</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 3rd 1963</i>			12. Signature of Notary <i>[Signature]</i> NOTARY PUBLIC		13. Notary Commission expires <i>92</i> The Commission Expires May 1, 1964 19

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Certificate of Baptism		By whom issued and signed St. John's Episcopal Church		Date issued ----
	Date of Birth March 7, 1898	Birth Place Idaho Falls, Idaho	Full Name of Mother Louise K. Waetje		Date Orig. Entry Baptized Oct 30, 1898
SUPPORTING RECORD 2-	Type of Document Certified copy of Marriage Record #8, License No. 2876		By whom issued and signed Mike Finken, Clerk of Dist. Court		Date issued 6-13-1963
	Date of Birth Age 28 next birthday	Birth Place ----	Full Name of Mother ----		Date Orig. Entry Oct 7, 1925
SUPPORTING RECORD 3-	Type of Document Copy of application for employment		By whom issued and signed Universal Leaseway System, Inc		Date issued June 24 1963
	Date of Birth March 7, 1898	Birth Place ----	Full Name of Mother ----		Date Orig. Entry March 1, 1956

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by bf Joyce B. Foltz	Date Filed June 27, 1963

Wastje



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

321427

United States Department of Commerce Bureau of Census
Be sure the information is as of date of birth of THIS child
State File No. Local Reg. No. Reg. Dist. No.
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Bonnamville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
IN THIS county years month days

2. USUAL RESIDENCE - MOTHER (At time of this birth)
(a) State Idaho (b) County Bonnamville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Lewis Peter Deteph Waetje
5. Date of Birth (Month, day year) 4-7-1937
6. Sex male 7. Twin or Triplet if so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	<u>Peter Henry Waetje</u>	16. FULL MAIDEN NAME	<u>Louise Schroeder</u>
11. Color or Race	<u>white</u>	17. Color or Race	<u>white</u>
12. Age at time of THIS birth	<u>34</u> yrs.	18. Age at time of THIS birth	<u>34</u> yrs.
13. Birthplace (City or town) (State or foreign country)	<u>Kuehen Germany</u>	19. Birthplace (City or town) (State or foreign country)	<u>Kuehen Germany</u>
14. Exact Occupation	<u>Farming</u>	20. Exact Occupation	<u>Housewife</u>
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a)..... (b) Mabel H. Fisher 25. Attendant's OWN signature..... M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on..... by..... and address..... Date.....
(Registrar's signature)

State of IOWA } ss.
County of CRAWFORD

I, ELLA DILLAVOU, being first duly sworn, say that I am THE SISTER of Lewis Peter Deteph Waetje being 10 years older than Lewis, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not known, who attended said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

ELLA DILLAVOU Signature
Don City, Iowa P. O. Address
Subscribed and sworn to before me on this 10th day of October 1937
(SEAL) M. E. Fisher Notary Public, residing at Don City, Ia.
In and for Crawford County, Iowa.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

OCT 8 1941

JUN 27 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

344 124 016-653

321459

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce 1941 **CERTIFICATE OF BIRTH** Local Reg. No. _____
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No. _____

1. **PLACE OF BIRTH** RECEIVED
 (a) County Cassia (b) City Oakley
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: At home of the parents
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county _____ years _____ month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
 (a) State Idaho (b) County Cassia
 (c) City Oakley
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 57 yrs.
 (f) Mother's mailing address Nyssa, Oregon

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** John Daniel Cummins 5. Date of Birth Apr. 24, 1898
 (Month, day year)

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy _____ 9. Legitimate yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Daniel Cummins</u>	16. FULL MAIDEN NAME <u>Lula May Wells</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>33</u> yrs.	18. Age at time of THIS birth <u>16</u> yrs.
13. Birthplace <u>Grantsville, Utah, U.S.A.</u> (City or town) (State or foreign country)	19. Birthplace <u>Pomeroy, Wash. U.S.A.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>plumber</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>House construction</u>	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
 (c) Born alive and now dead 7 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Oct 7, 1941 (Date received) (b) Mary H. Baker (Mother, etc.) (Registrar's signature)
 25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho } ss.
 County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
 I, John Daniel Cummins and Lula May Cummins, being first duly sworn, say that I am father & Mother (Related to (or) acquainted with)
John Daniel Cummins as father & mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alby (Name of attendant at birth), who attended said birth is now deceased. and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

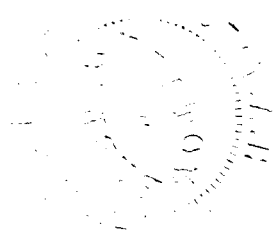
Lula May Cummins Signature _____
Nyssa, Oregon P. O. Address _____
 Subscribed and sworn to before me on this 3d day of October, 1941
 (SEAL) _____ Notary Public, residing at Caldwell, Idaho

OCT 9 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395 122040-168

United States (Base the information is as of date of birth of THIS child) State File No. **321657**
Department of Commerce **OCT 9 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** RECEIVED
(a) County **Shoshone** (b) City **Mullan**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Private home**
(e) Mother's stay **BEFORE** delivery: **None**
In Hosp. or Mat. Home. days.
IN THIS county **1** years **2** month **3** days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **Mullan**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **1** yrs.
(f) Mother's mailing address **Mullan, Idaho.**

3. **RESIDENCE of FATHER** (city, state) **Mullan, Idaho**

4. **FULL NAME OF CHILD** **Alfred Kenyon Trengove** 5. Date of Birth **October 22,**
(Month, day year) **1898.**

6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd **--** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Samuel Reed Trengove**
11. Color or Race **White** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **Cliff, Michigan**
(City or town) (State or foreign country)
14. Exact Occupation **Mining Engineer**
15. Industry or Business **Mining**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Edith A. Johns**
17. Color or Race **White** 18. Age at time of THIS birth **26** yrs.
19. Birthplace **Lake Linden, Michigan.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **--**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**
(c) Born alive and now dead **0** (d) Stillborn **0**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) **OCT 9 1941** (b) *Margaret H. Keeley* 25. Attendant's **OWN** signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of **Arizona** } ss.
County of **Yavapai**
I, **Edith J. Trengove**, being first duly sworn, say that I am **related to**
Alfred Kenyon Trengove as **mother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. McGee**, who attended
(Name of attendant at birth)
said birth **is now deceased,** and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Edith Johns Trengove Signature
Prescott, Arizona. P. O. Address
October, 1941.
Subscribed and sworn to before me on this **7th** day of **October,** 1941.
(SEAL) *A. M. Crumford* Notary Public, residing at **Prescott, Ariz.**

My Commission Expires March 2nd, 1945.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

559 101-022 396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

321702

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Franklin (b) City Jetton City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Calif. (b) County Los Angeles
(c) City Long Beach
(d) Street Address or R.F.D. No. 1069 Terminal
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address:

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

William Henry Neibaur

5. Date of Birth

(Month, day, year) May 1 - 1898

6. Sex

male

7. Twin or

Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy nine

9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Morris Rosenbaum Neibaur

16. FULL MAIDEN NAME

Ellen Isabella Craft

11. Color or Race

white

12. Age at time

of THIS birth 33 yrs.

17. Color or Race

white

18. Age at time

of THIS birth 29 years

13. Birthplace

Salt Lake City, Utah

19. Birthplace

Woodbridge, Essex, England

14. Exact Occupation

Farmer

20. Exact Occupation

Housewife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

26. (a) OCT 13 1941
(Date received)

(b) Mary E. Eber
(Registrar's signature)

25. Attendant's

OWN signature

M.D. or

(D.O., Midwife, etc.)

27. Given name added on **by**

(Registrar's signature)

and address

Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or **CANNOT BE LOCATED.**

I, Ellen J. Neibaur, being first duly sworn, say that I am Related to
William Henry Neibaur as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Middleton, who attended
said birth, is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this

day of

October

1941

(SEAL)

Notary Public, residing at

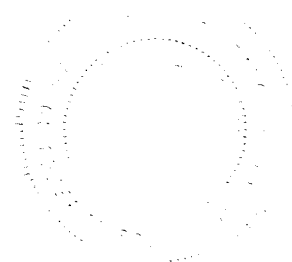
Long Beach Calif
P. O. Address

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

268 705 008 363

United States

Department of Commerce

Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

321754

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Boise (b) City Roseberry

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home days.

IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise

(c) City Roseberry

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 9 yrs.

(f) Mother's mailing address Roseberry Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Willard Ray Boydston

5. Date of Birth

(Month, day year) 9/5/1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

William B. Boydston

11. Color White 12. Age at time of THIS birth 28 yrs.

13. Birthplace Granby Mo. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Fattie Cole

17. Color White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Seneca Mo. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by W. B. Boydston, who is related to this child as Father (First name) (Last name)

26. (a) OCT 15 1941 (Date received) (b) Malv F. Eder (Registrar's signature)

25. Attendant's OWN signature.

M.D.

27. Given name added on by (Registrar's signature)

and address

(D.O., Midwife, etc.) Date

State of Idaho } ss.
County of Valley

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, W. B. Boydston, being first duly sworn, say that I am Related to Willard Ray Boydston as Father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Tuttle, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this day of Oct 1941

(SEAL)

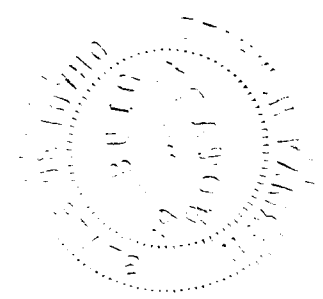
Notary Public, residing at McCall Idaho

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753-224004 113

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **321761**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Beauregard (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

- (e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Beauregard
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
(f) Mother's mailing address Dingle, Idaho

3. RESIDENCE of FATHER (city, state) Name

4. FULL NAME OF CHILD Nina Elizabeth Petersen

5. Date of Birth (Month, day year) April 24-1898

6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Petersen
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Rorke Denmark (City or town) (State or foreign country)
14. Exact Occupation Plaster-
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Ane Kristine Jacobson
17. Color or Race White 18. Age at time of THIS birth 45 yrs.
19. Birthplace Aalenborg, Denmark (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4
(c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) OCT 16 1941 (b) Mabel Banklin (Date received) (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

27. Given name Elizabeth on by (Registrar's signature)

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mabel Banklin, being first duly sworn, say that I am related (Related to (or) acquainted with) Nina Elizabeth Petersen as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bridges (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 10th day of October 1941
J. R. Johnson Notary Public, residing at Huntington Park, Calif.
Signature Mabel Banklin
Address 7008 1/2 Templeton Huntington Park, Calif.

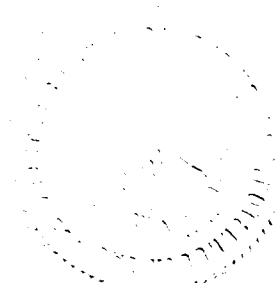
(SEAL)

107180
OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

265-114 035-764
United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 16 1941
STATE OF IDAHO

321844
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>My Peru now Lewis</u> (b) City <u>Ida now Craigmont</u> (c) Street Address or R.F.D.No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. IN THIS county _____ years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>My Peru now Lewis</u> (c) City <u>Ida now Craigmont</u> (d) Street Address or R.F.D.No. (e) How long has MOTHER lived in Idaho? <u>14 mos</u> yrs. (f) Mother's mailing address. <u>Ida Idaho</u>	
4. FULL NAME OF CHILD <u>Charles Hobson Bovey</u>		5. Date of Birth (Month, day year) <u>June 14, 1898</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William August Bovey</u>		16. FULL MAIDEN NAME <u>Ota May Poulson</u>	
11. Color <u>white</u> 12. Age at time of THIS birth <u>29</u> yrs.		17. Color <u>white</u> 18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Tama City Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Montpelier Indiana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer and stock man</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead _____ (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) OCT 16 1941 (Date received) (b) Mabel L. Leifer (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of My Peru now Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ota May Bovey, being first duly sworn, say that I am Mother of Charles Hobson Bovey as son (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Anderson nurse (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30 day of Sept., 1941
(SEAL) Eugene Notary Public, residing at Craigmont

Ota May Bovey Signature
Craigmont Idaho P. O. Address

10-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 18 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321908
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: on farm

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. none days.
IN THIS county 4 years month days

4. FULL NAME OF CHILD

John David Croco

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME William H. Croco
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Clay Center Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 4 yrs
(f) Mother's mailing address Hagerman Idaho

3. RESIDENCE of FATHER (city, state) same

5. Date of Birth

(Month, day year) Sept. 15-1898

8. No. months of Pregnancy 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorena M. Ingraham
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Brookville, Kansas
(City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Oct 18-1941 (b) Maebel E. Fisher 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of Oregon } ss.
County of Multnomah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

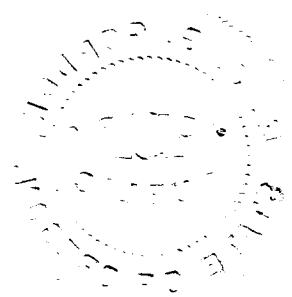
I, Carrie Mc Cormick, being first duly sworn, say that I am acquainted with John David Croco as as friend, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I do not know, who attended said birth, and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Carrie Mc Cormick Signature
3026 N.E. 21st Ave, Portland, Ore. P. O. Address
Subscribed and sworn to before me on this 10th day of October 1941
(SEAL) J. J. Gordon Notary Public, residing at Portland, Oregon
my commission, Expires Oct. 12-1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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591 205-044 799

321948

United States
Department of Commerce
Bureau of Census

OCT 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 323 East Main
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home.....days.

IN THIS county years month days

4. FULL NAME OF CHILD Irma Vial

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 323 East Main
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address 323 East Main

3. RESIDENCE of FATHER (city, state) Weiser, Ida.

5. Date of Birth Dec. 5 1898
(Month, day year).....

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME M. Louis Vial
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Horse Cave, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Optometrist and Jeweler
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Griffen
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 0
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) OCT 20 1941 (b) Mabel E. Ecker 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on by and address Date

State of Idaho } ss.
County of Washington

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Laura T. Edlin, being first duly sworn, say that I am acquainted with Irma Vial Revert as acquaintance whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. B. Shirley who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Laura T. Edlin Signature
Weiser, Idaho P. O. Address


Subscribed and sworn to before me on this 17th day of October, 1941
(SEAL) D. J. Carter Notary Public, residing at Weiser Idaho

22-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

322922
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Salmon, Idaho

4. FULL NAME OF CHILD Hilvia Turner
6. Sex Female 7. Twin or Triplet
If so—born 1st, 2nd, 3rd 2nd

3. RESIDENCE of FATHER (city, state) Salmon, Idaho
5. Date of Birth (Month, day year) April 17, 1898
8. No. months of Pregnancy 7 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Andrew Turner
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Bellingfors, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Foreman, Salmon Gold Mining Co.
15. Industry or Business Mining, Hydraulic
22. Name prophylactic used to prevent Ophthalmia Neonatorum Salvarsan Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

MOTHER OF CHILD
16. FULL MAIDEN NAME Laura Ellen Williams
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Grantsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business
25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
26. (a) OCT 27 1941 (b) Maui E. Eder
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

State of California } ss.
County of San Francisco

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Andrew Turner, being first duly sworn, say that I am Related to
Hilvia Turner as Father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21st day of October, 1941.
(SEAL) Chas. M. Garrett Notary Public, residing at.....
Signature Andrew Turner
P. O. Address Salmon Calif.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141-205-014-864

322965

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 21 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home in Payette, Idaho
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Payette, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rena Isabel Adam
5. Date of Birth (Month, day year) Nov. 5, 1898
6. Sex female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Louis Adam
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Newark, New Jersey
(City or town) (State or foreign country)
14. Exact Occupation proprietor lumber yard
15. Industry or Business Lumber dealer

MOTHER OF CHILD
16. FULL MAIDEN NAME Foibel Young
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Chicago, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) 21-1941 (b) Mary E. Feeler 25 Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on by (Registrar's signature) and address Date

State of Oregon } ss.
County of Malheur }

I, Foibel Adam, being first duly sworn, say that I am related to Rena Isabel Adam as mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. L. Scott, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Foibel Adam Signature
Ontario, Oregon, P. O. Address

Subscribed and sworn to before me on this 20th day of October 1941
(SEAL) My commission expires Nov. 19, 1943. Notary Public, residing at Ontario, Oregon

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-104,040-395

323022

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census OCT 25 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 11 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Murray Idaho

3. RESIDENCE of FATHER (city, state) Murray, Id.

4. FULL NAME OF CHILD Arthur Raymond Johnson 5. Date of Birth (Month, day year) July 4, 1898
6. Sex male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles John Johnson
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Arveng, Sweden
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie Dietz
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Seventer, Holland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 25 1941 (b) Mary E. Keiser 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Shoshone

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ella Davis, being first duly sworn, say that I am related to Arthur Raymond Johnson as sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my amor Walker who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Subscribed and sworn to before me on this 21 day of October, 1941
(SEAL) Mary E. Keiser Notary Public, residing at Wallace, Id.
Signature Ella Davis P. O. Address Wallace Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

323061
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (a) County IDAHO (b) City Grangeville
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home Address
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City Grangeville
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Grangeville

3. RESIDENCE of FATHER (city, state) Grangeville IDAHO

4. FULL NAME OF CHILD Ferdie Alma Wilson

5. Date of Birth (Month, day year) Oct 10 - 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Lee Wilson 11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Des Moines, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Lettie Maria Gorton 17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Grangeville IDAHO (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) OCT 25 1941 (Date received) (b) M. Lee (Mother, etc.) (c) (Attendant's signature) (d) (OWN signature) (e) (M.D., Midwife, etc.)

27. Given name added on by (Registrar's signature) and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Grace Priddy, being first duly sworn, say that I am related to Ferdie Alma Wilson as Sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Gorton (Name of attendant at birth) who attended said birth now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 22 day of October 1941
(SEAL) R. B. Olson

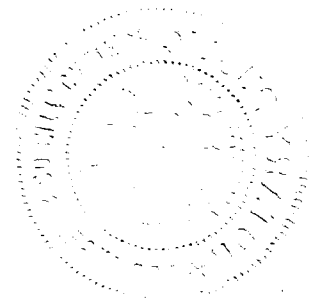
R. B. OLSON

Grace Priddy Signature
11702 Mayfield Ave West Los Angeles Calif P. O. Address
Notary Public, residing at Venice, Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (a) County <u>BANNOCK</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay <u>BEFORE</u> delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>BANNOCK</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>3 mos.</u> (f) Mother's mailing address <u>General Delivery</u>
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4. FULL NAME OF CHILD <u>GEORGE BAILEY CRAWFORD</u>	5. Date of Birth (Month, day year) <u>July 23, 1898</u>
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet	9. Legitimate? <u>yes</u>
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD 10. FULL NAME <u>ELMER CRAWFORD</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Fort Wayne, Indiana?</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Fireman</u> 15. Industry or Business <u>Railroad</u>	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MARY JANE KING</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Berdan, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business
--	---

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living X _____
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
26. (a) _____ (Date received) **(b)** Mary E. Eder (Mother, etc.)
(Registrar's signature)
27. Given name added on _____ **by** _____ (Registrar's signature)
25. Attendant's OWN signature _____ **M.D.** (D.O., Midwife, etc.)
and address _____ Date _____

State of California } ss.
County of Los Angeles }

I, Mary Jane Crawford Smith, being first duly sworn, say that I am related to of George Bailey Crawford as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Castle, who attended said birth cannot be located (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of October 1941
(SEAL) Mary Jane Crawford Smith Signature
1201 W. 11th place Los Angeles, Cal Address
Dr. M. Eder Notary Public, residing at Los Angeles
California
My Commission Expires May 14th 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

546-102-001-655

323178

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. AT HOME days
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Floyd Bryan Edwards
5. Date of Birth (Month, day year) Feb. 2, 1898
6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John W. Edwards
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace LINCOLN PENNSYLVANIA
(City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie Bell Overholser
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Peabody KANSAS
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 27 1941 (b) Hazel E. Fawke 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ Date _____
RECEIVED (Registrar's signature)

State of _____ } ss.
County of _____ }
I, Hazel Ellen Fawke, being first duly sworn, say that I am Related To Floyd Bryan Edwards as Sister
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowen's, who attended said birth Is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

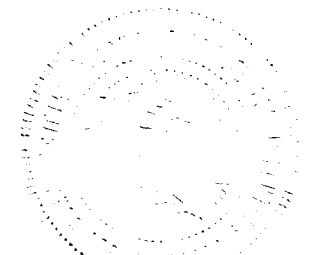
Subscribed and sworn to before me on this 6th day of October, 1941.
(SEAL) Arthur M. Porter Notary Public, residing at _____ in & for the _____
My commission Expires Jan. 30th, 1944
Address 540 Coventry Road, Berkeley, Calif. County of Contra Costa, State of Calif.

274
274
DEC 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 24 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

323257
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** RECEIVED
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address same

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Harold Simeon Hunt

5. Date of Birth (Month, day year) Nov. 23, 1898

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Erwin Hunt

11. Color or Race white 12. Age at time of THIS birth 30 yrs.

13. Birthplace Sedalia, Pettis, Mo.
(City or town) (State or foreign country)

14. Exact Occupation school teacher

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Josephine Cook

17. Color or Race white 18. Age at time of THIS birth 24 yrs.

19. Birthplace Catherine Creek, Owyhee Co.
(City or town) (State or foreign country) Idaho

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) OCT 24 1941 (b) Mabel E. Eider
(Date received) (Mother, etc.) (Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ernest Erwin Hunt, being first duly sworn, say that I am related to
Harold Simeon Hunt as father
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. E. M. Cook, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Ernest Erwin Hunt Signature
5505 N. E. Rodney Ave. Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 22nd day of October, 1941 Ore.
(SEAL) Mary Hammon Notary Public, residing at Portland, Ore.
NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES OCT. 2, 1944

DEC 10 1965

NOV 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-117.001-249

323280

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce OCT 29 1941 CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 26 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Frank William Buckley 5. Date of Birth (Month, day year) August 17, 1898
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles William Buckley 16. FULL MAIDEN NAME Nellie Agnes Budge
11. Color or Race white 12. Age at time of THIS birth 32 yrs. 17. Color or Race white 18. Age at time of THIS birth 26 yrs.
13. Birthplace Boise Idaho (City or town) (State or foreign country) 19. Birthplace Emmett Idaho (City or town) (State or foreign country)
14. Exact Occupation Railway mail clerk 20. Exact Occupation Housewife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 29 1941 (b) Mabel Elder 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of Washington } ss.
County of King }
I, Nellie Agnes Buckley, being first duly sworn, say that I am mother (Related to ~~or~~ acquainted with) Frank William Buckley as mother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Turner (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased ~~or~~ cannot be located)

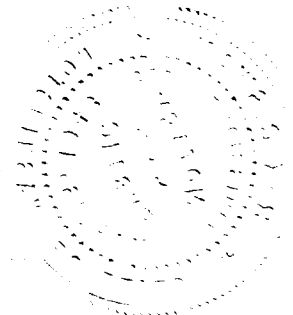
Nellie Agnes Buckley Signature
Redmond Washington P. O. Address
Subscribed and sworn to before me on this 27th day of October 1941
(SEAL) W. C. Swan Notary Public, residing at Redmond

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
OCT 30 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323326
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD HELEN GOULD SMITH

5. Date of Birth
(Month, day year) Feb. 21, 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George A. Smith
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Quincy Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alfretta Marie Inghram
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Bangor Maine
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) OCT 30 1941 (Date received) (b) Mabel E. Elder (Mother, etc.)
Registrar's signature
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Muriel M. Smith, being first duly sworn, say that I am Aunt (Related to (or) acquainted with)
Helen Gould Smith as Aunt (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. B. Morris (Name of attendant at birth), who attended said birth and that this birth has not been previously recorded

(Is now deceased (or) cannot be located)
Muriel M. Smith Signature
6722 1/2 W. 8th St. Seattle P. O. Address

Subscribed and sworn to before me on this 27th day of Oct 1941
(SEAL) Edgar H. Lewis Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child) State File No. 323369
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Tremont (b) City St. Anthony
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD Edwin Dean Orme

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Samuel Washington Orme
11. Color white 12. Age at time of THIS birth 40 yrs.
or Race _____ of _____
13. Birthplace Tooele Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer + Sheepman
15. Industry or Business _____

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Tremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address St. Anthony 2nd P.O.

3. RESIDENCE of FATHER (city, state) St. Anthony 2nd

5. Date of Birth (Month, day year) Sept. 21, 1898

8. No. months of Pregnancy _____ 9. Legitimate? _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Agnes Smith
17. Color white 18. Age at time of THIS birth 33 yrs.
or Race _____ of _____
19. Birthplace Tooele Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) OCT 29 1941 (b) Mary H. Fisher 25. Attendant's OWN signature _____ M.D. _____
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Tremont

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alberta Jorgensen, being first duly sworn, say that I am Related
Edwin Dean Orme as sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. D. Jones, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Alberta Jorgensen Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me on this 28 day of October 1941
(SEAL) J. C. Adams Notary Public, residing at St. Anthony

17-4-47

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

464-122-303-433

323373

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 3 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county 1898 years 7 month 22 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 735 Center St.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address 520 Highland Ave
3. RESIDENCE of FATHER (city, state) Salem, Ore.

4. FULL NAME OF CHILD Joseph B. Mombert
5. Date of Birth (Month, day year) 7/22/1898.
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph Mombert</u>	16. FULL MAIDEN NAME <u>Eva E. McCoy</u>	17. Color <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
11. Color <u>white</u>	12. Age at time of THIS birth <u>42</u> yrs.	19. Birthplace <u>Tekonsha, Michigan</u>	(City or town) (State or foreign country)
13. Birthplace <u>St. Louis Missouri</u>	(City or town) (State or foreign country)	20. Exact Occupation <u>House wife</u>	21. Industry or Business
14. Exact Occupation <u>Restaurant Operator</u>	15. Industry or Business <u>Restaurant Operator</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) NOV 3 1941 (b) Mary E. Elder 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address Date
27. Given name added on by (Registrar's signature)

State of Oregon } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Marion }

I, Eva E. Mombert, being first duly sworn, say that I am Mother of Joseph B. Mombert as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. O. E. Stealy, who attended said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Eva E. Mombert Signature
520 Highland Ave., Salem, Oregon P. O. Address
Subscribed and sworn to before me on this 1st day of November 1941.
(SEAL) Robert A. Hansen Notary Public, residing at Salem, Ore.
Commission Expires March 11, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

NOV 3 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323383

1. PLACE OF BIRTH
County of Latah
City of Julietta
No. _____ St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Harold H. Fox
(mailed)

3. Sex <u>male</u>	If plural births {	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>X</u>	8. Date of birth <u>July 8 1898</u> (Month, Day, Year)
		5. Number, in order of birth _____	Full term <u>X</u>		

9. Full name FATHER Francis Joseph Fox
10. Residence (usual place of abode) Julietta, Idaho
(If non-resident, give place and State)
11. Color or race white | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) Illinois
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work always worked as farmer

18. Full maiden name MOTHER Mary Ellen Taylor
19. Residence (usual place of abode) Julietta, Idaho
(If non-resident, give place and State)
20. Color or race white | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Washington
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? yes

28. Number of children of this mother (At time of this birth and including this child)
3 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) Mary Ellen Taylor Fox M. D.
or "mother" Midwife
Address Dashmere, Wash.
Filed Oct 2 - 1941, 193 Marcel E. Elder
Registrar.



667-188-029-308

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington
County of Chelan

AFFIDAVIT
ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ellen (Taylor) Fox being first duly sworn says that
she is the MOTHER of Harold H. Fox.
(Relationship of child)*

born July 8th, 1898 at Juliaette, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harold H. Fox

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Mary Ann Taylor (Midwife), M. D., was the medical attendant at the birth of said Harold H. Fox and that the said medical attendant is Now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mary Ellen Fox
P. O. Address Cashmere, Washington.

Subscribed and sworn to before me this 1st, day of November, 19 41

M. M. Keller
Notary Public.
Residing at Cashmere, Washington. XXXX

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

11-4-41

OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20530

TO THE HONORABLE THE ATTORNEY GENERAL
FROM THE HONORABLE THE ATTORNEY GENERAL
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

757 129 003 764

323406

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 4 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay <u>At home</u> <u>BEFORE</u> delivery: In Hosp. or Mat. Home _____ days. IN THIS county _____ years _____ month _____ days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs. (f) Mother's mailing address _____
4. FULL NAME OF CHILD <u>Frank Regonald Ingebretsen</u>	3. RESIDENCE of FATHER (city, state) <u>Pocatello, Ida</u>

6. Sex <u>Male</u>	7. Twin or Triplet _____	5. Date of Birth _____ (Month, day year) <u>Sept. 29, 1898</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Rinhart Martneus Ingebretsen</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Norway</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Railroad Carpenter</u> 15. Industry or Business <u>Union Pacific</u>	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Matilda Sophia Poulsen</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Plain City, Weaver Co., Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own Home</u>
--	---

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rinhart Ingebretsen, who is _____
related to this child as Father (First name) (Last name)
26. (a) NOV 4 1941 **(b)** [Signature]
(Date received) (Registrar's signature)
27. Given name added on _____ **by** _____
(Registrar's signature)

25. Attendant's OWN signature Mrs. Anna Poulsen midwife M.D.
(D.O., Midwife, etc.)
and address Spanish Fork Date Utah

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____
(Name of person on certificate above) as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Signature

P. O. Address
Subscribed and sworn to before me on this _____ day of _____, 19_____
(SEAL) _____
Notary Public, residing at _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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556 110-003 993

323410

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 4 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Bannock (b) City Pocatello Idaho
(c) Street Address or R.F.D. No. 347 Fremont St
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 14 days.
IN THIS county 7 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 347 Fremont St
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address 347 Fremont St

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD William Henry Newell 5. Date of Birth (Month, day year) 6-10-1898
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Henry Newell 16. FULL MAIDEN NAME Angie May Rich
11. Color White 12. Age at time of THIS birth 21 yrs. 17. Color White 18. Age at time of THIS birth 19 yrs.
13. Birthplace Philadelphia Penn. (City or town) (State or foreign country) 19. Birthplace Salligaville Kentucky (City or town) (State or foreign country)
14. Exact Occupation Mechanic 20. Exact Occupation House Wife
15. Industry or Business O.S.L.R.R 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) NOV 4 1941 (b) Marion E. Eider 25. Attendant's OWN signature.....M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address Date
27. Given name added on.....by..... (Registrar's signature)

State of Calif } ss.
County of Los Angeles
I Marion E. Eider, being first duly sworn, say that I am the Aunt (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that her sister (Name of attendant at birth), who attended said birth: deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11 day of Nov 1941 at Los Angeles, Calif
(SEAL) J. H. Schaefer Notary Public, residing at.....
Signature Marion E. Eider O. Address Los Angeles, Calif

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295 117 001 386

323440

United States (Be sure the information is as of date of birth of THIS child) State File No. **323440**
Department of Commerce **NOV 4 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Meridian Ida

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Ralph Manard Brendle 5. Date of Birth May 17, 1898
(Month, day year)
6. Sex male 7. Twin or If so—born 8. No. months 9. Legitimate? X
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Ran Brendle 16. FULL MAIDEN NAME Florence May Thompson
11. Color White 12. Age at time of THIS birth 40 yrs. 17. Color White 18. Age at time of THIS birth 18 yrs.
13. Birthplace Des Moines Iowa (City or town) (State or foreign country) 19. Birthplace Salubria Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7 P.M. on the date NOV 4 1941 and at the place stated above, and that personal particulars were furnished by Emma Jackson who is related to this child as Mother, etc. (First name) (Last name) X

26. (a) NOV 4 1941 (Date received) (b) Emma Jackson (Registrar's signature) 25. Attendant's OWN signature Emma Jackson (M.D., Midwife, etc.)
27. Given name added on by and address Islandstone One Date Nov 3 41 (Registrar's signature)

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of, 19.....

(SEAL)

Signature P. O. Address
Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165719 007681

323587

United States (Be sure the information is as of date of birth of THIS child) State File No. 323587
 Department of Commerce NOV 7 1941 CERTIFICATE OF BIRTH
 Bureau of Census STATE OF IDAHO Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Blaine</u> (b) City <u>Harve</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. IN THIS county years month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Harve</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>65</u> yrs. (f) Mother's mailing address.	
4. FULL NAME OF CHILD <u>Morgan Dewey Jones</u> (a) Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth <u>Jan-19-1898</u> (Month, day year)	
6. Sex <u>Male</u>		8. No. months of Pregnancy	
7. FATHER OF CHILD 10. FULL NAME <u>Daniel Leigh Jones</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Malad Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		9. Legitimate? <u>Yes</u> 16. FULL MAIDEN NAME <u>Anna Laura Wyatt</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>2 1/2</u> yrs. 19. Birthplace <u>Elford Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)

26. (a) NOV 7 1941 (b) Mary Healy 25. Attendant's Mrs. Mary Healy
 (Date received) (Registrar's signature) OWN signature
 27. Given name added on by and address Pashemany Idaho
 (Registrar's signature) (D.O., Midwife, etc.)

State of Idaho } ss.
 County of Blaine
 I, Anna Laura Wyatt Jones, being first duly sworn, say that I am related to
Morgan Dewey Jones as mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Barstow, who attended said birth is deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 14th day of November 1941
 (SEAL) Anna M. Barker Notary Public, residing at Burley, Id.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

323629

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Fremont (b) City Chapin

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.

In THIS county. years. months. days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Fremont

(c) City Chapin

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 20 yrs.

(f) Mother's mailing address 4059 49th St. San Diego

3. RESIDENCE OF FATHER (city, state) San Diego, Calif.

4. FULL NAME OF CHILD

Dana Melvin Stone

5. Date of Birth

(month, day, year) 10-10-98

6. Sex

Male

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

10. FULL NAME

Wallace Bert Stone

11. Color or Race

White

12. Age at time of THIS birth

30 yrs.

13. Birthplace

Ogden Utah

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Julia Rebecca Walton

17. Color or Race

White

18. Age at time of THIS birth

19 years

19. Birthplace

Triple Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 P.M. on the date

and at the place stated above, and that personal particulars were furnished by Julia R. Stone who is

related to this child as Mother

(Mother, etc.)

26. (a)

(Date received)

(b)

(Registrar's signature)

25. Attendant's

OWN signature

M.D. or

(D.O., Midwife, etc.)

27. Given name added on by

(Registrar's signature)

and address

Date

State of CALIFORNIA

County of SAN DIEGO ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, WALLACE BERT STONE, being first duly sworn, say that I am RELATED TO

(Related to (or) acquaintance with)

DANA MELVIN STONE as FATHER, whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts

contained therein are true to the best of my knowledge. I further state that EMILY BEESLEY, who attended

said birth DECEASED and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on the 30 day of January, 1941

(SEAL)

Frank R. Stanley

Notary Public, residing at San Diego, Calif.

My Commission Expires March 1 1943

11-12-41

LAWS OF THE STATE OF CALIFORNIA

1937 Session Laws, Chapter 120, Section 4

DELAYED REGISTRATION LAW

1937 Session Laws, Chapter 120, Section 4

Article of a child born prior to the effective date of Chapter 120, Laws of 1937, has not been recorded, or in case of failure of birth which has occurred subsequent to such date, such report has not been received and filed by the local registrar for record in the Vital Statistics for the year in which such report is received, or in case of a child born after such date, when such report is accompanied by a certificate of the physician, or midwife, or by the mother, or by the father, or by the child, or if neither father or mother is living or accessible, of the nearest of kin or some person having direct knowledge of the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165720007 695

323743

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. 169
Bureau of Census Blaine STATE OF IDAHO Reg. Dist. No. 410

1. PLACE OF BIRTH (a) County ~~Cassia~~ (b) City Soldier
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Boise~~
(c) City Soldier
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Soldier Idaho

4. FULL NAME OF CHILD Emery Ithmer Jones 5. Date of Birth 10-20-1898
(Month, day year) _____
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME James Lee Elsworth Jones 16. FULL MAIDEN NAME Violet Isabel Finch
11. Color or Race White 12. Age at time of THIS birth 33 yrs. 17. Color or Race White 18. Age at time of THIS birth 21 yrs.
13. Birthplace Sedalia Missouri 19. Birthplace Goshen Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum AGNOS
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive -- M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Violet Stewart, who is
related to this child as Mother (First name) (Last name)

26. (a) 11-7-1941 (b) Robert H. Wright 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____
(Registrar's signature) Date

State of California } ss.
County of Los Angeles

I, Violet Stewart, being first duly sworn, say that I am related to
Emery Ithmer Jones as his mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Elton Finch, who attended
said birth Deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on the 12 day of Pasadena, California Nov 1941
(SEAL) Christ R. Gyle Notary Public, residing at Pasadena, Calif.
My Commission Expires Mar. 25, 1944

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Signature _____
P. O. Address _____

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



165725014-249

323828

323828

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

NOV 27 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home Days
In THIS county years months days

4. FULL NAME OF CHILD

Galen Claude Jones

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.
(f) Mother's mailing address (For registration notice):

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

Middleton

5. DATE OF BIRTH

(Month, day, year) Jan 25, 1898

8. No. months of Pregnancy

9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Newton Jones

11. Color or Race

white

12. Age at time of THIS birth

37 yrs.

13. Birthplace

Pleasant Plain, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna May Smith

17. Color or Race

white

18. Age at time of THIS birth

39 yrs.

19. Birthplace

Tairfield Iowa
(City or Town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)

related to this child as
(Mother, etc.)

NOV 27 1941

26. (a)
(Date received)

(b) Mabel Heider
(Registrar's signature)

25. Attendant's
OWN signature

Albert Hall M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

Use only BLACK INK or BLACK Record typewriter ribbon, in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....
.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

Subscribed and sworn to before me on this 12th day of November, 1941.
(SEAL) [Signature] Notary Public, residing at Win Falls, Idaho

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551 231-040762

323885

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 17 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address W.D. Wallace, Ida

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

4. FULL NAME OF CHILD Gwendolyn Evans

5. Date of Birth (Month, day year) July 31, 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd—✓

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Wynn David Evans
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Minneapolis, Minn. (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Hellie Robinson
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Mexico, Ohio (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) NOV 17 1941 (Date received) (b) Mabel H. Fisher (Mother, etc.) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oklahoma } ss.
County of Greene

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Gladys M. Wupper, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Gwendolyn Evans as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 13 day of Nov 1941
(SEAL) J. H. Fisher Notary Public, residing at Greene, Okla.

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~failure to report any birth which has occurred subsequent to such~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~mentioned in Chapter 191, 1911 Session Laws, Chapter 139, Section 4~~ when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-125-032-349

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **323963**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Lemhi
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home days.
IN THIS county years month days

4. FULL NAME OF CHILD

Earl Shelby Sanders

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Charles William Sanders
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Hamilton, Mont.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Salmon City

3. RESIDENCE of FATHER (city, state)

Same

5. Date of Birth

(Month, day year) Mar. 25, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Annette Lurnage
17. Color or Race Indian 18. Age at time of THIS birth 24 yrs.
19. Birthplace Hamilton Mont.
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(born alive, stillborn) (First name) (Last name)

26. (a) (b) Mabel Steeler
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Mont. } ss.
County of Lake

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Annette Sanders, being first duly sworn, say that I am the mother of Earl Shelby Sanders as whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature X Mrs. Annette Sanders
P. O. Address

Subscribed and sworn to before me on this 27th day of April 1944
(SEAL) Virgil Chaffin

NOTARY PUBLIC for the State of Montana
Residing at Boise, Montana
My Commission expires April 17th, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-109. 1029-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **324007**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME OF CHILD Leonard Anderson
6. Sex Male **7. Twin or Triplet** No **If so—born** 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 10-9-1898
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Charles William Anderson
11. Color or Race White **12. Age at time of THIS birth** 30 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture - Grain

MOTHER OF CHILD
16. FULL MAIDEN NAME Hannah Olivia Gamberg
17. Color or Race White **18. Age at time of THIS birth** 26 yrs.
19. Birthplace (City or town) Kalmar, Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr. Beck, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Olivia Anderson (X) her mark.....Signature
1206 N. St., Lewiston, Idaho.....P. O. Address

Subscribed and sworn to before me this 18th day of November, 1941.
(SEAL) D. F. Eastman Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 21 1941 by Mary E. Fisher, Registrar.

RECEIVED

NOV 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 24 1941

395-1081004-142

United States (Be sure the information is as of date of birth of THIS child) State File No. **324033**
 Department of Commerce **NOV 18 1941** **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH**
 (a) County Bear Lake (b) City Montpelier
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Own home
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
 (a) State Idaho (b) County Bear Lake
 (c) City Montpelier
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 5.5 yrs.
 (f) Mother's mailing address Montpelier
 3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Edward Henry Linder
 6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) Dec. 8, 1898
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
 10. **FULL NAME** Fredrick August Linder
 11. Color or Race white 12. Age at time of THIS birth 44 yrs.
 13. Birthplace St. Louis, Mo. (City or town) (State or foreign country)
 14. Exact Occupation common labor
 15. Industry or Business

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Karoline Amstutz
 17. Color or Race white 18. Age at time of THIS birth 35 yrs.
 19. Birthplace Sigrist, Switz (City or town) (State or foreign country)
 20. Exact Occupation House Wife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) NOV 18 1941 (b) Marcel Hader (Mother, etc.) (Registrar's signature)
 27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
 and address Date

State of } ss.
 County of
 I, Karoline Linder, being first duly sworn, say that I am Related to
Edward Henry Linder as Mother
 (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Bridges, who attended said birth is now deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Bessie Linder Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me on this 13th day of November 1941
 (SEAL) Gen. A. L. Lander Notary Public, residing at Montpelier, Idaho

NOV 2 1957

JUL 9 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 2

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-225-001/412

325041

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce NOV 17 1941 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH *Ada*
(a) County *Boise* (b) City *Boise*
(c) Street Address or R.F.D. No. *R. F. D.*
(d) Name of Hospital or Maternity Home: *Born in near Boise, country*
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home *4* days
IN THIS county years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State *Idaho* (b) County
(c) City *Boise*
(d) Street Address or R.F.D. No. *R. F. D.*
(e) How long has MOTHER lived in Idaho? *10* yrs.
(f) Mother's mailing address: *Boise*

3. RESIDENCE of FATHER (city, state) *Boise, Idaho*

4. FULL NAME OF CHILD *Bertha Nevada M. Coniga* 5. Date of Birth (Month, day year) *Feb. 25, 1898*
6. Sex *girl* 7. Twin or If so—born 8. No. months 9. Legitimate?
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME *John Pearl M. Coniga* 16. FULL MAIDEN NAME *Mary Maston*
11. Color *White* 12. Age at time of THIS birth *45* yrs. 17. Color *White* 18. Age at time of THIS birth *37* yrs.
13. Birthplace *Charleston, Ohio* (City or town) (State or foreign country) 19. Birthplace *Kingston, Ontario, Canada* (City or town) (State or foreign country)
14. Exact Occupation *Real Estate Business* 20. Exact Occupation *Housewife*
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *Yes*
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was *Born* at *12:09* P.M. on the date (born alive stillborn)
and at the place stated above, and that personal particulars were furnished by *May Wilson*, who is related to this child as (first name) (Last name)

26. (a) *NOV 17 1941* (Date received) (b) *May Wilson* (Mother, etc.) (Registrar's signature)
27. Given name added on by (Registrar's signature)
and address *St. Collins* Date *Nov. 12, 41*

State of } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of }

I,, being first duly sworn, say that I am (Related to (or) acquainted with) as (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

..... Signature
..... P. O. Address
Subscribed and sworn to before me on this day of 19.....
(SEAL) Notary Public, residing at

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295 102 025-766

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325099**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Name
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days
IN THIS county 2 years 8 month 5 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harpster
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Harpster Idaho
3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD John Samuel Kinkaid

5. Date of Birth
(Month, day year) June 2, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Marion Steven Kinkaid
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Rantool Kansas
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Same

16. FULL MAIDEN NAME Minnie Edith Powell
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Marshalltown Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 P.M. on the date Dec 1 - 1941 and at the place stated above, and that personal particulars were furnished by Minnie Kinkaid, who is related to this child as Mother
(born alive, stillborn) (First name) (Last name)

26. (a) Dec 1 - 1941 (Date received) (b) Mabel Beaman (Mother, etc. Registrar's signature)

25. Attendant's OWN signature Minnie Edith Powell Kinkaid M.D.
(D.O., Midwife, etc.)
and address Shaw Date

27. Given name added on Washington by Washington (Registrar's signature)

State of Washington
County of Benton ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie Edith Powell Kinkaid, being first duly sworn, say that I am related to John Samuel Kinkaid as mother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Shaw, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Shaw, whose birth certificate

said birth Shaw and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Minnie Edith Powell Kinkaid Signature

Subscribed and sworn to before me on this 27th day of Dec

Shaw P. O. Address
Notary Public, residing at Shaw

(SEAL)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-106028-133

325203

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **325203**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 28 1941

1. **PLACE OF BIRTH**
(a) County Boonway (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
Born at home of parents
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days
IN THIS county years month days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boonway
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Hope

4. **FULL NAME OF CHILD** Edwin Bryan Peck
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE of FATHER** (city, state) Idaho
5. Date of Birth July 8th 1898
(Month, day year) 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Thomas Canfield Peck
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Collegewood Ont. Canada
(City or town) (State or foreign country)
14. Exact Occupation Railway Conductor
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Josephine Gertrude Albough
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Keishsburg Illinois
(City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Four
(c) Born alive and now dead None (d) Stillborn None Three born subsequent to this birth

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)

26. (a) Nov 28 1941 (b) Mark E. Eder
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Thomas Canfield Peck, being first duly sworn, say that I am Related to
Edwin Bryan Peck as Father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Loop, who attended said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Thomas Canfield Peck Signature
4728 Brooklyn Ave Seattle Wash P.O. Address

Subscribed and sworn to before me on this 21 day of Nov, 1941.
(SEAL) W. H. Hooten Notary Public, residing at Seattle

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-102-001-259

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325229
Local Reg. No.
Reg. Dist. No.

SEP 23 1941

1. PLACE OF BIRTH

(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

4. FULL NAME OF CHILD

Orvel Dewey Harp

6. Sex

7. Twin or Triplet If so - born 1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

5. Date of Birth (Month, day year) May 2-1898
8. No. months of Pregnancy
9. Legitimate?

10. FULL NAME

FATHER OF CHILD

Harley Harp

11. Color or Race 12. Age at time of THIS birth 46 yrs.

13. Birthplace Luttrell Arkansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rena Burks

17. Color or Race 18. Age at time of THIS birth 44 yrs.

19. Birthplace Barry Co Missouri
(City or town) (State or foreign country)

20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) Sept 20-1941 (b) Myrtle Gardner
(Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Valley ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora May Abbott, being first duly sworn, say that I am a sister
Orvel Dewey Harp as brother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth) who attended

said birth and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 20 day of September, 1941
(SEAL) J. B. Lefevre Notary Public, residing at Cascade Id
Signature P. O. Address

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth: a Separate Return must be made for each, and the number of each, in order of birth stated.

312-209-003-791

1. PLACE OF BIRTH

County of Bannock
City of Boise Idaho
No. _____ St. _____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

325307

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Isabella Lake

3. Sex <u>female</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate? <u>X</u>	8. Date of birth <u>October 9, 1898</u> (Month, Day, Year)
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9. Full name FATHER David Edmond Lake

10. Residence (usual place of abode)
(If non-resident, give place and State) Boise Idaho

11. Color or race white 12. Age at last birthday 29 (years)

13. Birthplace (city or place) Harrisville, Utah
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. X

16. Date (month and year) last engaged in this work 9 1898

17. Total time (years) spent in this work 7

18. Full maiden name MOTHER Amelia Bian

19. Residence (usual place of abode)
(If non-resident, give place and State) Boise Idaho

20. Color or race white 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Old Mexico City Mexico
(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. X

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work 5 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
4 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation _____ months or weeks 30. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4:30 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) D E Lake Father
or _____ Midwife

Give name added from a supplemental report _____

Address _____

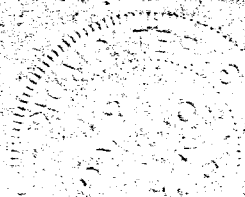
Filed Dec 3 1911 M. L. H. H. H.

(Date of)

Registrar.

Registrar.

MAP 2 1942



817-216-028-214

325412

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho**4. FULL NAME OF CHILD**Agnes Evelyn Hagman**5. Date of Birth of Child**(Month, day, year) Feb 16 - 1898

6. Sex Female 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Hagman
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Marquette Mich
(City or town) (State or foreign country)
14. Exact Occupation Farmet
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen Saunders
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Berger Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Dora Charlotte who attended this birth can not be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Hagman Signature
Priest River Idaho P. O. Address

and sworn to before me this 1 day of December, 1941

(Notary Public, residing at Priest River Idaho)

Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

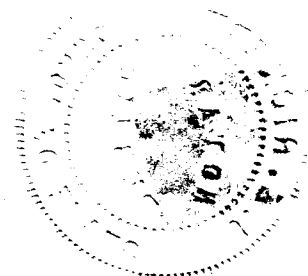
Received for filing on DEC 3 1941 by Marj T. Eder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449-201-006-815

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **325428**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County **Bingham** (b) City **Prospect**
(c) Street Address or R.F.D.No. **Prospect Post Office**
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. **--** days.
IN THIS county **--** years **--** month **40** days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bingham**
(c) City **Prospect**
(d) Street Address or R.F.D.No. **Route**
(e) How long has MOTHER lived in Idaho? **22** yrs.
(f) Mother's mailing address **Prospect, Ida.**

3. RESIDENCE of FATHER (city, state) **Prospect, Ida**

4. FULL NAME OF CHILD **Ora Josephine Murphy**

5. Date of Birth
(Month, day year) **Jan. 1, 1898**

6. Sex **female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **8** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **James Dan Murphy**
11. Color or Race **White** 12. Age at time of THIS birth **24** yrs.
13. Birthplace **Ophir, Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Josephine A. Hansen**
17. Color or Race **white** 18. Age at time of THIS birth **22** yrs.
19. Birthplace **Soda Springs, Idaho.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) **DEC 4 1941** (b) **Mary E. Eder**
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's **OWN** signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of **IDAHO**
County of **BANNOCK** } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, **Josephine Murphy**, being first duly sworn, say that I am **(the mother) related**
Ora Josephine Murphy as **mother** (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs. Lee**, who attended
said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **9th** day of **September**, 19 **41**

(SEAL)

Grace Butline Signature
Pocatello, Idaho. P. O. Address
Notary Public, residing at **Pocatello, Idaho.**

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DEC 5 1947

442-104-035-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

325435

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Mez Price (b) City Melroe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Missouri (b) County
(c) City Kirksville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
3. **RESIDENCE OF FATHER** (city, state) Kirksville Mo.

4. **FULL NAME OF CHILD** Robert Henry Mustoe
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Nov. 4 1898

FATHER OF CHILD
10. **FULL NAME** William Mustoe
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Kirksville Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Fannie Stephens
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Kirksville Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Payson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 43 years, and that Mr. Halliday, who attended this birth, deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mellie Myrtle Richardson Signature
Melroe Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1941.
(SEAL) Paul J. Atkins Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 5 - 1941 by Mabel E Elder, Registrar.

JUL 13 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DEC 5 1966

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-223-206-366

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 4 1941

STATE OF IDAHO

State File No. 325439
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Bingham (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address

4. FULL NAME OF CHILD

JOSEPHINE SMITH BARLOW

5. Date of Birth Dec. 23, 1898
(Month, day year)

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME GEORGE THOMAS BARLOW
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Pittsburg, Penn.
(City or town) (State or foreign country)
14. Exact Occupation Carpenter & Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH COOP
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Belle Isle Yorkshire, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum child
23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 5
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) DEC 4 1941 (b) Mabel H. Eldon
(Date received) (Registrar's signature)

25. Attendant's
OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Sarah C. Barlow, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Josephine Smith Barlow as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Sosanna Penning, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27th day of October, 19 41
(SEAL) Sarah C. Barlow
Notary Public, residing at Idaho Falls, Idaho

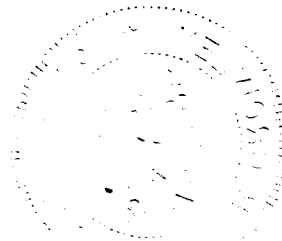
Sarah C. Barlow Signature
Idaho Falls, Idaho P. O. Address
Notary Public, residing at Idaho Falls, Idaho

FEB 25 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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REC'D
FEB 25 1966

251-201-275-434

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325464**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. Kippen, Idaho
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Nez Perce, nearest town
(d) Street Address or R.F.D. No. Kippen, Idaho
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Kippen, Idaho
3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Bernadine Bean
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth June 1, 1898
(Month, day year)
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Hasseltine D. Bean
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Portage Co., Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Lumber

MOTHER OF CHILD
16. FULL MAIDEN NAME Jennie McMillan
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Palisade, Nevada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) DEC 6 1941 (b) Mary E. Bean
(Date received) (Registrar's signature)
27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Oregon } ss.
County of Multnomah

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Jennie Bean Turnbull, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
BERNADINE BEAN as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Mrs. Schroeder, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 4th day of December, 1941
(SEAL) Jennie Bean Turnbull Signature
4037 N. Williams Ave., Portland, Ore. P. O. Address
Notary Public, NOTARY PUBLIC, PORTLAND, OREGON
MY COMMISSION EXPIRES JULY 7, 1942

JUN 19 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-217-029-315

325588

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

DEC 9 1941

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. B. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. 2 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. B. 2
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address now dead

3. RESIDENCE of FATHER (city, state) Dead

4. FULL NAME OF CHILD Faith Spofford Barton

5. Date of Birth (Month, day year) May 17 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Homer Barton
11. Color or Race White 12. Age at time of THIS birth 56 yrs.
13. Birthplace Perry Co Ohio
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Post Master

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Langdon
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Be Roy Ill
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) DEC 9 1941 (b) Mabel Heeler (Mother, etc.)
(Date received) (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maud Barton Hunter, Being first duly sworn, say that I am related (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. W. Wathen (Name of attendant at birth) said birth now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)
Maud Barton Hunter Signature
Moscow Idaho P. O. Address

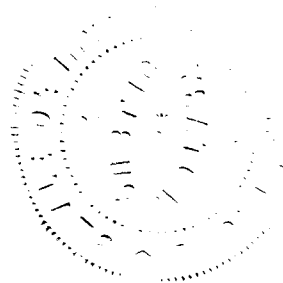
Subscribed and sworn to before me on this 5th day of December, 1941.
(SEAL) E. S. Thompson Notary Public, residing at Moscow, Idaho

DEC 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-215-007-714
DEC 10 1941

325596

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

- (e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address:

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Marvel Irene Haney

6. Sex Female 7. Twin or Triplet If so - born 1st, 2nd, 3rd

5. Date of Birth

(Month, day year) April 15, 1898

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Peter Haney
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Twin Bridges Montana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Sophia Garnett
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Pleasant Grove Utah
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper & Cosmetician
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Dec 10 - 1941 (b) Marvel B. Haney 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date

State of Idaho } ss.
County of Battle

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah D. Haney, being first duly sworn, say that I am Acquainted (Related to (or) acquainted with)
Marvel Irene Haney as Neighbor (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Haney (Name of attendant at birth) who attended said birth Dec 10 - 1941 and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24 day of December 19 41
(SEAL) J. D. Martin Notary Public, residing at Boise, Idaho

Sarah D. Haney Signature
Marie G. Galt P. O. Address

DEC 11 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



551113 036 234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 15 1941
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 56 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

5. Date of Birth of Child
(Month, day, year) April 13 1928

4. FULL NAME OF CHILD Edward S Evans

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward E Evans
11. Color or Race Welch 12. Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hephzibah Stubbs Evans
17. Color or Race English 18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Doctor took care of this
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Oneida

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for all his life years, and that Rachel Williams & Orgm/earns who attended this birth are now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inna Alice Williams Signature
Malad Idaho P. O. Address

Subscribed and sworn to before me this 11th day of December 1941
(SEAL) J. Fredrickson Notary Public, residing at Malad Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mabel E. Eifer Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **325887**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Graser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Graser (d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

4. FULL NAME OF CHILD Bryan Janning Reed

5. Date of Birth of Child (Month, day, year) Jan. 17, 1898

6. Sex Male **7. Twin or Triplet** No **8. No. months of Pregnancy** 9mo. **9. Legitimate?** Yes.

FATHER OF CHILD

10. FULL NAME Freemont Pierce Reed
11. Color or Race white **12. Age at time of THIS birth** 44 yrs.
13. Birthplace Marionet Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Melissa Jane Adams
17. Color or Race white **18. Age at time of THIS birth** 35 yrs.
19. Birthplace Blackhawk County Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 A. M. on the date (Born alive, stillborn), and at the place stated above, and that personal particulars were furnished by Melissa J. Reed, who is related to this child as mother. (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature X **M.D. Midwife** X **Address** Clarkston, Wash. **Date** Dec. 9, 1941
State of Washington } ss.
County of Asotin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the related to as Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 43 years, and that X who attended this birth deceased I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Clarkston, Wash. Signature P. O. Address

Subscribed and sworn to before me this Dec day of Dec 1941
(SEAL) A. N. Ragsdale Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

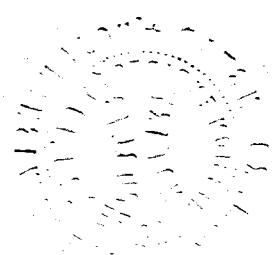
Received for filing on DEC 12 1941 by Mabel T. E. L. R. Registrar.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



632-106 009-261

United States
Department of Commerce .
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 16 1941

State File No. **325906**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 years.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD DEWEY FLOYD EMANUEL OLSON

5. Date of Birth of Child
(Month, day, year) June 6th 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME AXEL OLSON
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Vermland Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertie Swanberg
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Ore Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all his life years, and that Mrs. Margaret Swanberg, who attended this birth poor health and incompetent I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gertie Olson Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of December, 1941
(SEAL) [Signature] Notary Public, residing at Troy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Marcel S. Eefer Registrar.

DEC 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791 109 008 - 351

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **326090**
Local Reg. No.
Reg. Dist. No.

DEC 18 1941 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years 8 months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Salmon, Idaho

3. RESIDENCE of FATHER (city, state) Salmon, Ida.

4. FULL NAME OF CHILD

Jesse Julian Gray

5. Date of Birth
(Month, day year) Dec. 9, 1898

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Thomas Edward Gray
11. Color or Race White **12. Age at time of THIS birth** 29 yrs.
13. Birthplace Bannack Montana
(City or town) (State or foreign country)
14. Exact Occupation Farmer-Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura May Chandler
17. Color or Race White **18. Age at time of THIS birth** 25 yrs.
19. Birthplace Jasper County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) DEC 18 1941 **(b)** Mary T. Eddy
(Date received) (Registrar's signature)

25. Attendant's OWN signature **M.D.**
(D.O., Midwife, etc.)
and address Date

27. Given name added on **by**
(Registrar's signature)

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Laura May Gray, being first duly sworn, say that I am Related to
Jesse Julian Gray as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ellen L. Chandler, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Laura May, Gray Signature
P. O. Address

Subscribed and sworn to before me on this 17th day of December, 19 41

(SEAL) W. W. Simmonds, Clerk of Boise Boise Boise
the District Court, in and for Lemhi County, Idaho Boise Clover Edwards, Deputy

DEC 20 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-104-007-493

327097

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years <u>6</u> months <u>28</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Clarence Millar Hart</u>		3. RESIDENCE OF FATHER (city, state) <u>Hailey, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>12/4/98</u>	
7. Twin or Triplet <u>no</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>		10. FULL NAME OF FATHER OF CHILD <u>John Radcliffe Hart</u>	
11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>37</u> yrs.	
13. Birthplace <u>Cleveland, Ohio</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Resident Mgr. Bell Telephone Co.</u>	
15. Industry or Business <u>Telephone</u>		16. FULL MAIDEN NAME <u>Mary Ann Millar</u>	
17. Color or Race <u>white</u>		18. Age at time of THIS birth <u>36</u> yrs.	
19. Birthplace <u>North Bend, Nebraska</u> (City or town) (State or foreign country)		20. Exact Occupation <u>housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum	

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.)
25. Attendant's OWN signature M.D. both deceased.
 (Is now deceased) or (Cannot be located)
 Address Date

State of Arizona } ss.
 County of Mohave

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Dr Nathan J. Brown, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Hart Signature
% C. M. Hart, Kingman, Arizona. P. O. Address

Subscribed and sworn to before me this 15 th day of December, 1941.

(SEAL) Dorothy Brown Notary Public, residing at Kingman, Arizona.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Maul Heeler Registrar.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-223-208-813

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 16 1941

State File No. 327132

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Boise-Valley (b) City Alpha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
in own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days
IN THIS county 2 years 2 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Boise Valley
(c) City Alpha
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Alpha, Idaho

3. RESIDENCE of FATHER (city, state) Alpha, Idaho

4. FULL NAME OF CHILD

Bertha Lois Cantrall

5. Date of Birth

(Month, day year) Aug. 23, 1898

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Charles Alexander Cantrall

11. Color or Race

white

12. Age at time of THIS birth

23 yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Carrie Josephine Hackett

17. Color or Race

White

18. Age at time of THIS birth

19 yrs.

19. Birthplace

Dixon

Nevada

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P. M. on the date

and at the place stated above, and that personal particulars were furnished by Charles J. Cantrall, who is related to this child as father (First name) (Last name)

26. (a) DEC 16 1941 (Date received)

(b) Charles J. Cantrall (Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on

by Charles J. Cantrall (Registrar's signature)

and address

(D.O., Midwife, etc.)

Date

State of Idaho } ss.
County of Valley

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carrie Josephine Cantrall, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Bertha Lois Cantrall as mother (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D. B. Tuttle (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Charles J. Cantrall Signature
Charles J. Cantrall P. O. Address

Subscribed and sworn to before me on this 12th day of December, 1941

(SEAL)

Notary Public, residing at

FEB 19 1968

DEC 23 1941

DEC 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-113-001-319

327165

327165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 413 Grove St.
(d) Name of Hospital or Maternity Home: ✓

(e) Mother's stay BEFORE delivery:
IN THIS county 30 years 5 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 413 Grove St.
(e) How long has MOTHER lived in Idaho? 30+ yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Fremont Wood Jr.

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Jan. 13, 1898

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Fremont Wood
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Winthrop Maine
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Cartee
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Salem Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Dr. George Collier, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie J. Wood Signature
413 Grove St. Boise, Ida. P.O. Address

Subscribed and sworn to before me this 26 day of December, 1941
(SEAL) San L. Simpson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 914, Idaho Code Annotated.)

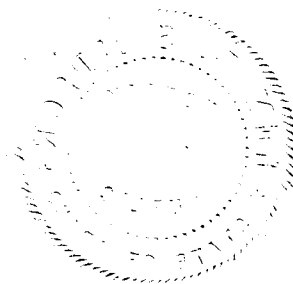
Received for filing on Dec 26, 1941 by Clay A. Bridger Registrar.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



515-111-001-453

327166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327166**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. FULL NAME OF CHILD Charles James Van Dorn, Jr.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho
5. Date of Birth of Child
(Month, day, year) Sept. 11, 1898

6. Sex Male 7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles James Van Dorn
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Savannah, Georgia
(City or town) (State or foreign country)
14. Exact Occupation Warden
15. Industry or Business State Penitentiary

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Melroy
17. Color white 18. Age at time of THIS birth 43 yrs.
19. Birthplace Washington, D.C.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 43 years, and that Dr. George Collister who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marguerite Van Dorn Finnegan Signature
1224 E. Washington P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941
(SEAL) Ruth Yenne Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 26, 1941 by Chas. A. Budge Registrar.

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. **327279**
Local Reg. No.
Reg. Dist. No.

DEC 26 1941

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County **Latah** (b) City **Genesee**
(c) Street Address or R.F.D. No. **RFD No. 1**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.
IN THIS county **5** years **6** month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Genesee**
(d) Street Address or R.F.D. No. **RFD No. 1**
(e) How long has MOTHER lived in Idaho? **5 1/2** yrs.
(f) Mother's mailing address **Genesee, Idaho**

3. RESIDENCE of FATHER (city, state) **Same**

4. FULL NAME OF CHILD

Chester Arthur Butzien

5. Date of Birth

(Month, day year) **Dec. 13, 1898**

6. Sex **Male**

7. Twin or

Triplet **No**

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

Arthur Butzien

11. Color

White

12. Age at time

of THIS birth. **40** yrs.

13. Birthplace

Chicago

Illinois

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rosena Ellen Myers

17. Color

White

18. Age at time

of THIS birth. **33** yrs.

19. Birthplace

Princeton, Bureau Co. Ill.

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **5**

(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as

(First name) (Last name)

26. (a) **DEC 26 1941**

(Date received)

(b) *Arthur Butzien*

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Date

State of }
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, **Arthur Butzien**, being first duly sworn, say that I am **related to**

Chester Arthur Butzien

as

Father

(Related to (or) acquainted with)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. P.S. Beck**

(Name of attendant at birth)

said birth **is now deceased** and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Arthur Butzien

Signature

P. O. Address

Subscribed and sworn to before me on this **17th** day of **December**, 19**41**

(SEAL)

Notary Public, residing at *Genesee, Idaho*

DEC 27 '941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-109-029-743

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **327391**
Local Reg. No.
Reg. Dist. No.

DEC 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Satal (b) City Southwicks
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Satal
(c) City Southwicks
(d) Street Address or R.F.D. No. On ranch
(e) How long has MOTHER lived in Idaho? 53 yrs.
(f) Mother's mailing address Elk River Idaho

4. FULL NAME OF CHILD Oscar Turner Fergerson
6. Sex Male 7. Twin or Triplet No 8. No. months of Pregnancy 9. Legitimate? Yes

5. Date of Birth (Month, day year) Aug 9, 1898

FATHER OF CHILD
10. FULL NAME Olaf Henry Fergerson
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Carrie Gullingsrud
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4
(c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) DEC 18 1941 (Date received) (b) Mother, etc. (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Clearwater

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carrie Fergerson, being first duly sworn, say that I am related to Oscar Turner Fergerson as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Karen Jellingsrud (Name of attendant at birth) who attended said birth Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16 day of December, 1941.
(SEAL) Phil M. Mergulw Notary Public, residing at
Signature Carrie Fergerson P. O. Address Elk River Idaho

SEP 10 1965

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-107-025 845

327408

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census DEC 22 1941 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days
IN THIS county II years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? II yrs.
(f) Mother's mailing address Grangeville
3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Warren Micheal Smith Sr. 5. Date of Birth (Month, day year) II-7-98
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Arba Adolphus Smith</u>	16. FULL MAIDEN NAME <u>Bessie Hunt</u>	11. Color or Race <u>white</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>24</u> yrs.	18. Age at time of THIS birth <u>18</u> yrs.	13. Birthplace <u>Eugene Oregon</u> (City or town) (State or foreign country)	19. Birthplace <u>Halltown Mo.</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Freighter</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>none</u>	21. Industry or Business <u>none</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child I (b) Born alive and now living I
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, step)

26. (a) DEC 22 1941 (Date received) (b) Mary E. Keifer (Registrar's signature)
25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho County of Myer } ss.
I, Bessie G. Hunt, Smith, being first duly sworn, say that I am related to Warren Micheal Smith Sr. as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Butler (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Subscribed and sworn to before me on this 20 day of December 19 41
(SEAL) Notary Public, residing at Idaho
Signature Bessie Hunt, Smith P. O. Address Idaho

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261 218 029 319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 26 1941

327466

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Heary
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Heary
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

4. FULL NAME OF CHILD Esther Betty Swanson

5. Date of Birth of Child
(Month, day, year) July 18, 1898

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Swan Swanson
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Blekin Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Larson
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Appleton Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Asotin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for years, and that Emma Larson who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Swanson Signature
Heary, Myra County Idaho P. O. Address

Subscribed and sworn to before me this 23 day of November, 1941
(SEAL) Quart Staley Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Marcel H. Hefner Registrar.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
at home on ranch one mile from
(e) Mother's stay BEFORE delivery: Pocatello, Ida.
IN THIS county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

Frank Benjamin Harris
6. Sex Male 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) July 26 1898

FATHER OF CHILD

10. FULL NAME Frank Benjamin Harris
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Stephensville Montana
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Elizabeth Schrimmer
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace LeSeur County Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date
(Born alive, stillborn) Charlotte Elizabeth Harris, who is
and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name)
related to this child as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Mrs. Phillips who attended this birth cannot locate I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Elizabeth Harris Signature

1134 Wisconsin Ave., Butte, Montana. P. O. Address

Subscribed and sworn to before me this 20th day of December, 19 41
(SEAL) Rudolph J. Kline Notary Public, residing at Butte, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires April 13, 1942.

Received for filing on DEC 26 1941 by My commission expires Registrar.

327468

819 126-003 238

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141-115-022-219

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 24 1941

State File No. **327512**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Fremont** (b) City **Haden**
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
at home.
(e) Mother's stay BEFORE delivery: **at home**
In Hosp. or Mat. Home. **xx** days.
IN THIS county **yes** years **17** month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Fremont**
(c) City **Haden**
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? **20** yrs.
(f) Mother's mailing address **Haden, Idaho,**

3. RESIDENCE of FATHER (city, state) **Idaho.**

4. FULL NAME

OF CHILD **Ray LaRoy Adams,**

5. Date of Birth

(Month, day year) **2-15-1898.**

6. Sex **male**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **George A. Adams,**

11. Color **white** 12. Age at time
or Race of THIS birth **40** yrs.

13. Birthplace **Rummy, Wales.**
(City or town) (State or foreign country)

14. Exact
Occupation **Farmer,**

15. Industry or
Business **Farmer**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Almira S. Bair,**

17. Color **white** 18. Age at time
or Race of THIS birth **35** yrs

19. Birthplace **Richmond, Utah,**
(City or town) (State or foreign country)

20. Exact
Occupation **housewife.**

21. Industry or
Business **house wife.**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **unknown.**

23. Number of children of this mother: (a) At time of birth and including this child **8** (b) Born alive and now living **6**
(c) Born alive and now dead **2** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **6:30 A.M.** on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **G. B. Rumsey**, who is
related to this child as **Uncle** (Mother, etc.)
(First name) (Last name)

26. (a) **DEC 24 1941** (b) **Maude H. Haden**
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of **Idaho,** }
County of **Fremont** } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, **Geo. B. Rumsey,** being first duly sworn, say that I am **related to Ray La Roy**
Adams, as **Uncle** (Related to (or) acquainted with), whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Matilda Rumsey**, who attended

said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

x **Geo. B. Rumsey** Signature
St. Anthony, Idaho. P. O. Address

Subscribed and sworn to before me on this **23rd** day of **December,** 19 **41**

(SEAL)

W. J. Adams Notary Public, residing at **St. Anthony, Idaho**

MAY 8 1962

JUL 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

412-105 014-249

327560

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327560**
Local Reg. No.
Reg. Dist. No.

JAN 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

(e) How long has **MOTHER** lived in Idaho? 25 yrs.
3. RESIDENCE OF FATHER (city, state) Middleton Idaho

4. FULL NAME OF CHILD Herbert Barton Mahoe

5. Date of Birth of Child
(Month, day, year) 12-5-1998

6. Sex Male **7. Twin or Triplet** No **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME James Herbert Mahoe
11. Color or Race White **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Kingston, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Martha Ann Smith
17. Color or Race White **18. Age at time of THIS birth** 25 yrs.
19. Birthplace Sumo, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] **M.D.** **Midwife** **Address** **Date**

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Dr. Ed. Massey, who attended this birth is now deceased, I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Herbert Mahoe Signature
1870 North 17th St. Boise Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of January, 1942
(SEAL) [Signature] Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 2 1942 by Mary E. [Signature] Registrar.

APR 25 1962

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-115-014-319

327634

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

DEC 26 1941

1. PLACE OF BIRTH (a) County <u>Canyon</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>In own home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>0</u> days. IN THIS county <u>3</u> years month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Harry Elmer Fuller</u>		3. RESIDENCE OF FATHER (city, state) <u>Emmett, Ida</u>	
6. Sex <u>male</u>		5. Date of Birth (Month, day, year) <u>Oct. 15, 1898</u>	
7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>2nd</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Francis Gwinn Fuller</u>		16. FULL MAIDEN NAME <u>Emma V. Laing</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>31</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Boise, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Windom, Minnesota</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Stockman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Stockman</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>6</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>DEC 26 1941</u> (Date received)		25. Attendant's <u>OWN</u> signature _____ M.D. _____ (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of Idaho }
County of Adams } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma V. Fuller, being first duly sworn, say that I am related to Harry Elmer Fuller as his mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Oakes (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased, (or) cannot be located)

Emma Fuller Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me on this 14 day of July, 1941
(SEAL) Malinda Moyer Notary Public, residing at Council, Idaho
Clark District Court

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-228-025-855 1
United States (Be sure the information is as of date of birth of THIS child) State File No. 327682
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO DEC 29 1941 Local Reg. No. Reg. Dist. No.

1. PLACE OF BIRTH (a) County IDAHO (b) City Grangeville
(c) Street Address or R.F.D. No. 100
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 20 years month days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 26 yrs.
(f) Mother's mailing address Grangeville IDAHO

3. RESIDENCE of FATHER Grangeville IDAHO

4. FULL NAME OF CHILD ETHEL MANILA CASTLE 5. Date of Birth Aug. 28, 1928
(Month, day year)

6. Sex 7. Twin or Triplet If so—born 8. No. months of Pregnancy Normal Legitimate? Yes
1st, 2nd, 3rd

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Levi Castle 16. FULL MAIDEN NAME Anna Belle Henley
11. Color or Race White 12. Age at time of THIS birth 38 yrs. 17. Color or Race White 18. Age at time of THIS birth 29 yrs.
13. Birthplace Springfield Illinois (City or town) (State or foreign country) 19. Birthplace Neosho KANSAS (City or town) (State or foreign country)
14. Exact Occupation farmer 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Levi Castle, who is related to this child as father (First name) (Last name)

26. (a) DEC 29 1941 (b) Mabel E. Leeper (c) Registrar's signature 25. Attendant's OWN signature XX M.D. (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature) and address Date

State of IDAHO } ss.
County of IDAHO }

I, Levi Castle, being first duly sworn, say that I am Related to Ethel Manila Castle as father (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. E. Bibby (Name of attendant at birth), who attended said birth IS NOW DECEASED and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature Levi Castle Grangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of December 19 41
(SEAL) Notary Public, residing at Grangeville, Ida.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

JAN 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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32772 327721

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: 5 years 0 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
3. RESIDENCE OF FATHER (city, state) Mountain Home

4. FULL NAME OF CHILD Clarence Adlbert Barrett

5. Date of Birth of Child, Jan. 14, 1898
(Month, day, year)

6. Sex Male **7. Twin or Triplet** No **If so—born 1st, 2nd, 3rd** - **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Joseph Cooley Barrett
11. Color or Race White **12. Age at time of THIS birth** 24 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Harness maker
15. Industry or Business Harness shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Louise Davis
17. Color or Race White **18. Age at time of THIS birth** 22 yrs.
19. Birthplace Dallas Texas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature J C Barrett **M.D.** Midwife **Address** Boise ID **Date** Jan 5-1942
State of } **ss.**
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 5-1942 by Marcel E. Eder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766 126 088 366

327722

327722

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 5 1942

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Near Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county Boise years 0 months 0 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Near Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Eight yrs.
3. **RESIDENCE OF FATHER** (city, state) Van Wyck Ida.

4. **FULL NAME OF CHILD** Clarence Athel Goode
5. Date of Birth of Child (Month, day, year) Oct 26 1898
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John Goode
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Madison Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Linn Inis Conrad
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Cherokee Kansas
(City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date

- State of Idaho County of Boise } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 43 years, and that Nancy Conrad, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature John Goode P. O. Address Boise Idaho

Subscribed and sworn to before me this 5th day of January, 1942
(SEAL) Betty H. Knight Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Mary Heeler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **327731**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Idaho

4. FULL NAME OF CHILD Hewey Walter Conyers

5. Date of Birth of Child
(Month, day, year) 4/28/98

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Washington Conyers
11. Color American 12. Age at time of THIS birth 45 yrs.
13. Birthplace Siox City, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Hurfee
17. Color American 18. Age at time of THIS birth 42 yrs.
19. Birthplace Siox City, Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 3 years of age, that I have known this person for 4 3/4 years, and that

Bessie Calloway who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bessie Calloway Signature
P. O. Address

Subscribed and sworn to before me this 6th day of January, 19 42
(SEAL) Marion E. Dow Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 6-1942 by Mabel P. Peeler, Registrar.

JAN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213-217-028-734

327770

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JAN 2 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Coconino (b) City Courtois
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home home days month days
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Coconino
(c) City Chattahoochee
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Mary Grace Battell 5. Date of Birth (Month, day year) August 17-1898
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Samuel Hay Battell 16. FULL MAIDEN NAME Carrie A. Plunkett
11. Color or Race White 12. Age at time of THIS birth 38 yrs. 17. Color or Race white 18. Age at time of THIS birth 34 yrs.
13. Birthplace Lexington Missouri (City or town) (State or foreign country) 19. Birthplace Camden, Ill. (City or town) (State or foreign country)
14. Exact Occupation Contractor 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6
7 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 2 1942 (b) Mabel H. Hester 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
(Date received) (Registrar's signature) and address _____ Date _____
27. Given name added on _____ by _____ (Registrar's signature)

State of Washington ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED
County of Shelton
I, Carrie A. Battell, being first duly sworn, say that I am Mother of Mary Grace Battell, as Mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Bacon who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (X) cannot be located)

Subscribed and sworn to before me on this 6 day of October, 1941

(SEAL)

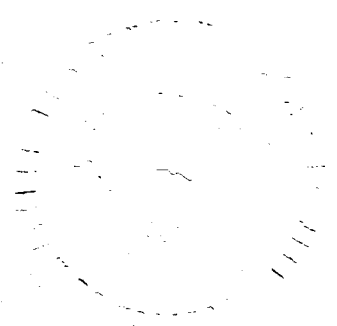
UNITED STATES COMMISSIONER,
Residing at Tulsa, Oklahoma

JAL 3 192

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-107-003-296

327790

United States
Department of Commerce
Bureau of the Census

JAN 2 1942

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... **Bannock** (b) City..... **March Center**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **13** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... **Idaho** (b) County..... **Bannock**
(c) City..... **March Center**
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? **56** yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**..... **Alfred Dewey Forrest**
6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year)..... **June 7, 1898**

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME**..... **Thomas M. Forrest**
11. Color or Race..... **White** 12. Age at time of THIS birth..... **25** yrs.
13. Birthplace..... **Logan, Utah**
(City or town) (State or foreign country)
14. Exact Occupation..... **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME**..... **Malinda Brown**
17. Color or Race..... **White** 18. Age at time of THIS birth..... **21** yrs.
19. Birthplace..... **Big Sandy, Utah**
(City or town) (State or foreign country)
20. Exact Occupation..... **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... **4** (b) Born alive and now living..... **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of..... **Idaho** }
County of..... **Bannock** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... mother..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that **Mrs. Tena Hawkins**, who attended this birth..... **now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malinda Brown Forrest Signature
227 N. Johnson P. O. Address

Subscribed and sworn to before me this..... **31st** day of..... **December**, 19**41**
(SEAL) Clerk Dist. Court Ex-Officio Auditor

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Residing at Pocatello, Idaho.

Received for filing on..... **JAN 2 1942** by..... **Anna K. Jeff** Registrar.

MAR 29 1960

JAN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 2 1942

State File No. 327815

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Sept. 29 1898

4. FULL NAME
OF CHILD

William Raymond Fletcher

6. Sex Male

7. Twin or

Triplet

Single

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9 Mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME

William Delbert Fletcher

11. Color

American

12. Age at time

or Race AMERICAN of THIS birth 41 yrs.

13. Birthplace

Pontiac Ill.

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Mary Ann Hunch

17. Color

American

18. Age at time

or Race AMERICAN of THIS birth 32 yrs.

19. Birthplace

Viola Ill.

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at 4 P.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary A. Fletcher no is related to this child as Mother (First name) (Last name)

25. Attendant's

OWN signature

Hattie Howard

M.D.

Midwife

Address

Caldwell Ida

Date

Sept 29 1898

State of

County of

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JAN 2 1942

by

Mabel E. E. E.

Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO JAN 3 1942

327836
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
3. RESIDENCE OF FATHER (city, state) Salt Lake City

4. FULL NAME OF CHILD Preston Hibbard Ricks.
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Oct., 22, 1898

8. No. months of Pregnancy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Thomas Edwin Ricks, Jr.
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Centerville, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer and Stock Raiser

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ann Hibbard
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Salt Lake City, Utah.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Address Date
State of Idaho County of Madison } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother in Law of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that Dr. Oliver C. Ormsby, who attended this birth Now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of December, 1941
(SEAL) MAH-jh-ricks Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel H. Elder Registrar.

JAN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Amended Feb. 17, 1953

349 116 008 366

327892

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Boise (b) City Idaho City
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Boise
 (c) City Idaho City
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state)
 4. **FULL NAME OF CHILD** Harmon Elwin Turner
 5. Date of Birth of Child (Month, day, year) Sept. 16, 1898
 6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

- FATHER OF CHILD**
 10. **FULL NAME** Turner Ashly Turner
 11. Color white or Race St. Bernard, La. 12. Age at time of THIS birth 34 yrs.
 13. Birthplace (City or town) (State or foreign country)
 14. Exact Occupation Miner
 15. Industry or Business
- MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Frankie Ann Cooper
 17. Color white or Race Idaho City, Idaho 18. Age at time of THIS birth 24 yrs.
 19. Birthplace (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by Frankie Close mother (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
 Midwife

- State of Idaho County of Ada } ss. (To be completed when the attendant does not sign in Item 25.)
 I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now Dr. Newell years of age, that I have known this person for years, and that who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. G. Close Signature
R. l - Boise, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of Oct., 1941
 (SEAL) G. J. Gardner, Notary Public, residing at Boise
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 7, 1942 by Mabel F. Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

327892 327892

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH.

(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Harmore Elwin Turner

5. Date of Birth
(Month, day year) Sept 26 1898

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Turner Ashby Turner
11. Color _____ 12. Age at time of THIS birth 34 yrs.
or Race White
13. Birthplace St Bernard, La
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Frankie Ann Cooper
17. Color _____ 18. Age at time of THIS birth 24 yrs.
or Race White
19. Birthplace Idaho City Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Frankie Close, who is related to this child as mother
(First name) (Last name)

26. (a) JAN 7 1942 (b) Mary Hedden
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs C.E. Close, being first duly sworn, say that I am Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hewell, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on the 22 day of Oct, 19 41
(SEAL) [Signature]

Mrs C.E. Close Signature
R-1-Boise Idaho P. O. Address
Oct Notary Public, residing at Boise

JAN 1 1953

FEB 18 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of..... }
County of..... } ss. Certificate No. 327892
Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of.....
(Birth or Death)
for..... who..... on.....
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by..... prepared on....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Date of Birth September 26, 1898 September 16, 1898
Shown by Family Bible which on viewed in this office on February 17, 1953

Subscribed and sworn to before me this 17th day of Feb 1953
Notary Public, residing at
My commission expires
(Seal)

Signed R. I. Boise
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mrs. A. R. Turner
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of..... }
County of..... } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this..... day of.....
....., 19..... Signed.....
(Signature of Any Credible Person)

Notary Public, residing at.....
My commission expires.....
(Seal)

(Street Address, City, State)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

49-7004493
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

327914

State File No.....
Local Reg. No.....
Reg. Dist. No.....

DEC 26 1941

1. PLACE OF BIRTH: (a) County... <u>Canyon</u> (b) City... <u>Roswell</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>at mother's home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home... <u>—</u> days. In THIS county... <u>6</u> years... <u>—</u> months... <u>—</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Canyon</u> (c) City... <u>Roswell</u> (d) Street Address or R.F.D. No. <u>—</u> (e) How long has MOTHER lived in Idaho? <u>31</u> yrs. (f) Mother's mailing address... <u>(Deceased)</u>	
4. FULL NAME OF CHILD <u>Dewey Miller Marquess</u>		5. Date of Birth <u>August 10, 1898</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>—</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Anderson Marquess</u> 11. Color or Race <u>Caucasian</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Kirkville, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>—</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ann Miller</u> 17. Color or Race <u>Caucasian</u> 18. Age at time of THIS birth <u>35</u> years 19. Birthplace <u>Kirkville, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Farmer</u> 21. Industry or Business <u>—</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver nitrate</u>		23. Number of children of this mother: (a) At time of birth and including this child... <u>7</u> (b) Born alive and now living... <u>5</u> (c) Born alive and now dead... <u>2</u> (d) Stillborn... <u>none</u>	
24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date... and at the place stated above, and that personal particulars were furnished by... who is related to this child as... (Mother, etc.) (First name) (Last name) DEC 26 1941 (Date received) (Registrar's signature) <u>Mabel Holden</u>			
26. (a) <u>DEC 26 1941</u> (b) <u>Mabel Holden</u> (Date received) (Registrar's signature)		25. Attendant's OWN signature ... M.D. or... (D.O., Midwife, etc.) and address... Date...	
27. Given name added on ... by... (Registrar's signature)			

State of... Idaho... } ss.
County of... Washington...

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Clinton R. Marquess, being first duly sworn, say that I am... related (Related to (or) acquainted with)
Dewey Miller Marquess as... brother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that... Dr. Allen, who attended said birth... is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this... 23rd day of... December, 1941.
(SEAL) Margaret Vogel Notary Public, residing at... Cambridge, Idaho

JUL 22 1969

NOTICE TO REGISTER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 126, Section 2)

Where the birth of a child born prior to the effective date of Chapter 126, 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such birth may be recorded and filed by the local registrar for the purpose of the Bureau of Vital Statistics of the State of Michigan, provided that the local registrar is satisfied that the birth was reported to him by the mother of the child, or if neither father nor mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge of the birth.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215-202 014618

United States (Be sure the information is as of date of birth of THIS child) State File No. **327951**
Department of Commerce
Bureau of Census **JAN 2 1942** **CERTIFICATE OF BIRTH**
STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County **Canyon** (b) City **Emmett**
(c) Street Address or R.F.D. No. **unknown**
(d) Name of Hospital or Maternity Home: **(private home- friends of parents)**
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Canyon**
(c) City **Emmett**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address **Dec'd since 1902**

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD **Edna Belle Breeze** 5. Date of Birth (Month, day year) **Nov. 2, 1898**
6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Lewis H. Breeze	16. FULL MAIDEN NAME Margaret Isabell Wayman	17. Color or Race White	18. Age at time of THIS birth 38 yrs.
11. Birthplace Irvington, Illinois (City or town) (State or foreign country)	19. Birthplace Irvington, Illinois (City or town) (State or foreign country)	20. Exact Occupation Housewife	21. Industry or Business
12. Age at time of THIS birth 44 yrs.			
13. Exact Occupation Ex-County Treasurer, Routt County, Colorado-			
14. Industry or Business Farmer- Idaho occupation-			

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **2**
(c) Born alive and now dead (d) Stillborn **1**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) **JAN 2 1942** (b) **Margaret H. Breeze** 25. Attendant's OWN signature M.D.
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on by and address Date
(Registrar's signature)

State of **California** } ss.
County of **Los Angeles** }

I, **Edith Breeze Scheib**, being first duly sworn, say that I am **sister of** **Edna Belle Breeze** as whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **doctor's whereabouts** who attended said birth **is unknown to me** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

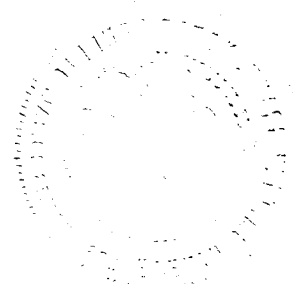
Subscribed and sworn to before me on this **26** day of **January**, 19**41**
(SEAL) **Edith Breeze Scheib** Signature
7956 West Norton Ave. Los Angeles, Cal. P.O. Address
Evelyn Smith Grant Notary Public, residing at **701 1/2 E. 1st St., Los Angeles, Cal.**
My Commission Expires January 14, 1944

JAN 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



328064

1. PLACE OF BIRTH *Idaho*
 (a) County *Idaho* (b) City *Emmett*
 (c) Street Address of R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State *Idaho* (b) County *Idaho*
 (c) City *Emmett* *Idaho*

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
IN **THIS** county years **3** month days

4. FULL NAME OF CHILD Eugene Walter Clymer 5. Date of Birth (Month, day year) July 2, 1991

6 Sex Male 7 Twin or Triplet No If so—born 1st 2nd 3rd 8. No. months of Pregnancy 9 9. Legitimate? (Yes)

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Julian William Clymer	16. FULL MAIDEN NAME	Minnie Alice Burr
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	38 yrs.	18. Age at time of THIS birth	37 yrs.
13. Birthplace	Salem Oregon	19. Birthplace	Manhattan Indiana
(City or town)	(State or foreign country)	(City or town)	(State or foreign country)
14. Exact Occupation	Dentist	20. Exact Occupation	Housewife
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) JAN 6 1942 (Date received) (b) Mary E. Egan (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of } ss. **AFFIDAVIT** To be completed when the attendant at birth is
County of } NOT LIVING or CANNOT BE LOCATED

I, Alice B. Clymer, being first duly sworn, say that I am related to
Eugene Walter Clymer as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dora Clymer, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

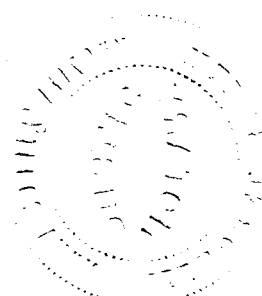
Subscribed and sworn to before me on this 29 day of October, 1941
(SEAL) Mildred Smith Notary Public, residing at Yuma Arizona
Wick 15. Aymer Signature
Box 1443 Yuma Arizona P. O. Address

OCT 10 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328111**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Elmore** (b) City **Rocky Bar**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months **4** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County
(c) City **Hailey**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **18** yrs.

4. FULL NAME OF CHILD **Everett William Abbott**

5. Date of Birth of Child
(Month, day, year) **MAY-15-1898**

6. Sex **MALE** **7. Twin or** If so—born
Triplet 1st, 2nd, 3rd

8. No. months **9** **9. Legitimate?** **Yes**
of Pregnancy

FATHER OF CHILD
10. FULL NAME **Eugene Dave Abbott**
11. Color **W** **12. Age at time**
or Race of THIS birth **27** yrs.
13. Birthplace **Garden Valley Idaho**
(City or town) (State or foreign country)
14. Exact Occupation **Mining**
15. Industry or Business

MOTHER OF CHILD
16. FULL NAME **Marie F Skinner**
17. Color **W** **18. Age at time**
or Race of THIS birth **19** yrs.
19. Birthplace **Pittsburg Penn**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Own Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of **Oregon**
County of **Multnomah** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears
in Item 4, above that I am now **61** years of age, that I have known this person for **since birth** years, and that
Mrs McLaughlin who attended this birth **Deceased** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Katie F. Abbott Signature
P. O. Address

Subscribed and sworn to before me this **2nd** day of **January** 19**42**
(SEAL) **J. B. Spencer** Notary Public, residing at **Portland Or**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **Can expires 3/1/44**

Received for filing on **JAN 5 1942** by **Marcel Decker** Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

328191
328191
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 437 So 9th St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 7 years months days

4. FULL NAME OF CHILD

RALPH VERNON ROBERTS

6. Sex

MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ☒

FATHER OF CHILD

10. FULL NAME

HARTLEY WALLASE ROBERTS

11. Color or Race

WHITE

12. Age at time of THIS birth 47 yrs.

13. Birthplace

PENNSYLVANIA

14. Exact Occupation

CARPENTER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

SUSIE MARRA KETR

17. Color or Race

WHITE

18. Age at time of THIS birth 44 yrs.

19. Birthplace

PENNSYLVANIA

20. Exact Occupation

HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

Idaho
Ada

M.D. Midwife

Address

Date

State of.....County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....

(SEAL)

Edith H. Church

Notary Public, residing at.....Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JAN 12 1942

by

Marion E. Egan

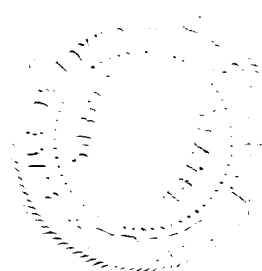
Registrar.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **328241**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born on the Farm
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Mary Alice Myers

5. Date of Birth of Child

(Month, day, year) Jan. 1st, 1898

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Elijah Henry Myers

11. Color White 12. Age at time
or Race. White of THIS birth 30 yrs.

13. Birthplace Fort Scott Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Maryann Iona Karleskint

17. Color White 18. Age at time
or Race. White of THIS birth 18 yrs.

19. Birthplace Fort Scott Kansas
(City or town) (State or foreign country)

20. Exact Occupation Farmers Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
in Item 4, above, that I am now 54 years of age, that I have known this person for 44 years, and that

Mrs. Tommy Clay who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs Taylor Smith Signature
425 Jefferson St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 42

(SEAL)

Sanford Martin, Jr.

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel Deeden, Registrar.

JAN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Received for filing on DEC 23 1941 by M. L. G. L. L. L., Registrar.

44-10-942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942
United States 193/18 1221351 (Be sure the information is as of date of birth of THIS child) State File No. 328384
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census Fremont **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Watson (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 15 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Watson
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. **RESIDENCE of FATHER** (city, state) Rexburg, Ida.

4. **FULL NAME OF CHILD** Alexander Elmer Archibald
5. Date of Birth (Month, day year) August 18, 1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James Watson Archibald
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Wellsville, Cache County, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Catherine Wright Spence Leatham
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Wellsville, Cache County, Utah.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) JAN 9 1942 (Date received) (b) Mabel Heeler (Registrar's signature)
25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
27. Given name added on by and address Date

State of Idaho } ss.
County of Fremont

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Catherine W. S. L. Archibald, being first duly sworn, say that I am related to
Alexander Elmer Archibald as his mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Christine M. Walz, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Catherine W. S. L. Archibald Signature
St. Anthony, Idaho. P. O. Address
Subscribed and sworn to before me on this 8th day of January, 1942
(SEAL) Notary Public Notary Public, residing at St. Anthony, Idaho.

JAN 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
JAN 18 1941
VITAL STATISTICS
IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328394**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? .. yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Harriett Bourne
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** John Thomas Bourne
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Farmington, Utah
(City or town) (State or foreign country)
14. Exact Occupation Railroad Conductor
15. Industry or Business " "

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Harriett Frost Bourne
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Kirbymoorside, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Harriett Frost Bourne Signature
755-4th Garfield Pocatello Idaho Address

Subscribed and sworn to before me this 9 day of Jan 1942
(SEAL) [Signature] Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel T. L. Lifer Registrar.

APR 18 1977

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **328492**
Local Reg. No.
Reg. Dist. No.

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Own Home Oakley, Idaho
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Edward Loren Wilson

5. Date of Birth of Child Aug. 1, 1898
(Month, day, year)

6. Sex Male **7. Twin or Triplet** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo. **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Charles Roland Wilson
11. Color or Race White **12. Age at time of THIS birth** 34 yrs.
13. Birthplace Ogden Valley Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Josephine Samuelson
17. Color or Race White **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Grantsville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Ada **Midwife** Address **Date**

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Sarah Bates who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Josephine Wilson Signature
318 Warm Springs, Boise P. O. Address

Subscribed and sworn to before me this 15th day of January, 19 42.

(SEAL) Opal Bullington Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

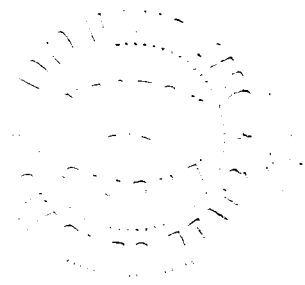
Received for filing on JAN 16 1942 by Mabel H. Hedger, Registrar.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212431-001 717

328997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328497**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Light and Front
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 7 years 11 months 29 days

4. FULL NAME OF CHILD

Daisy F Baker

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Henry William Baker

11. Color or Race White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Mr. Puliski Ill.
(City or town) (State or foreign country)

14. Exact Occupation Black

15. Industry or Business Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. Light + Front

(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

5. Date of Birth of Child

(Month, day, year) Jan 31 1898

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Olivia Page

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Wichita Kansas
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that

Dr. G. E. Sweet who attended this birth Cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Olivia Baker Signature

14th 309 No 21st St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942
(SEAL) H. J. Nigman Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

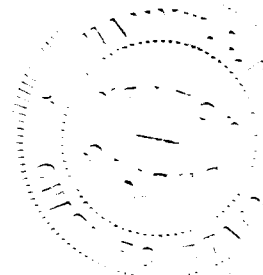
Received for filing on Jan 16-1942 by Mabel Elder, Registrar.

JAN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JAN 417-206-029 867

United States
Department of Commerce
Bureau of the Census

(Be sure the informant is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328651**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Taney
(c) Street Address or R.F.D. No. at P. O.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Taney
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** EVELYN CLARA MAXWELL (~~James Brown~~)

5. Date of Birth of Child Aug. 6, 1938
(Month, day, year)

6. Sex Female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd Second 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** HENRY CLAY MAXWELL
11. Color White 12. Age at time of THIS birth 45 yrs.
or Race Humansville, Missouri
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

16. **FULL MAIDEN NAME** AMERICA EVELINA HOPPER (~~Maxwell~~)
17. Color White 18. Age at time of THIS birth 38 yrs.
or Race Humansville, Missouri
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid
23. Number of children of this mother: 11 at time of birth and including this child. (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child; who was born alive at 8:00 A.M. on the date Aug. 6, 1938
(Born alive, stillborn) Maxwell
and at the place stated above, and that personal particulars were furnished by America Evelina, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's Birdie Robert M.D. Midwife Address Toppenish, Wash. Date Dec. 15, 1941
OWN signature

State of WASHINGTON
County of YAKIMA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 43 years, and that Birdie Robert (my daughter) who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of December, 1941
(SEAL) Toppenish, Wash
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Marcel E. Eder, Registrar.

JAN 17 1942

H- BIRTH YEAR
IS 1898 -

CERT SAYS 1998

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, and in case of failure to report any birth within the prescribed date, such report may be received and recorded in the Bureau of Vital Statistics as prescribed in Chapter 2, Title 1, of the Code of Laws of this State, if the report is accompanied by a certificate of a physician, midwife, or by affidavits of the father or mother, or of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1942 736-128-029-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **328652**
Local Reg. No. **1**
Reg. Dist. No. **1**

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County **Latah** (b) City **Genesee**
(c) Street Address or R.F.D. No. **at home**
(d) Name of Hospital or Maternity Home: **at home**
(e) Mother's stay BEFORE delivery:
IN THIS county **8** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State **Idaho** (b) County **Latah**
(c) City **Genesee**
(d) Street Address or R.F.D. No. **at home**
(e) How long has MOTHER lived in Idaho? **8** yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) **June 22-1918**

4. FULL NAME OF CHILD

Fred B. Glover

6. Sex

7. Twin or Triplet **8. No. months of Pregnancy** **9. Legitimate?**
2nd **9** **yes**

FATHER OF CHILD

- 10. FULL NAME** **Michael W. Glover**
11. Color or Race **white** **12. Age at time of THIS birth** **37** yrs.
13. Birthplace **Glasco Ken.**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** **Nellie Mabel Scaggin**
17. Color or Race **white** **18. Age at time of THIS birth** **30** yrs.
19. Birthplace **Lincoln Neb.**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of **Idaho** County of **Latah** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **48** years of age, that I have known this person for **48** years, and that **Dr. Carroll S. Conant** who attended this birth. **deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **6** day of **Jan**, 19**42**

(SEAL)

Notary Public, residing at **Seattle**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on **JAN 8 1942** by **Marcel E. Eifer**, Registrar.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **328672**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **BANNOCK** (b) City **Treasureton**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **1** years **months** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Bannock**
(c) City **Treasureton**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **One** yrs.

4. FULL NAME OF CHILD **George P Gill**

3. RESIDENCE OF FATHER (city, state) **Treasureton Idaho**
5. Date of Birth of Child
(Month, day, year) **Aug. 22-1898**

6. Sex **Male** **7. Twin or Triplet** **8. No. months of Pregnancy** **9**

9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **Robert Gill**
11. Color or Race **White** **12. Age at time of THIS birth** **34** yrs.
13. Birthplace **England**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Sarah Ann Noakes**
17. Color or Race **White** **18. Age at time of THIS birth** **27** yrs.
19. Birthplace **Springville Utah**
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE**
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of **Idaho** } ss.
County of **Salt Lake**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4. above, that I am now **71** years of age, that I have known this person for **43** years, and that **Dr. Salauen**, who attended this birth **Deceased**. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature **Sarah Ann Gill**
P. O. Address **13th 316 South 4th East**
Subscribed and sworn to before me this **13th** day of **January**, 19**42**
(SEAL) **Paul Fowler** Notary Public, residing at **880 West North Temple**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

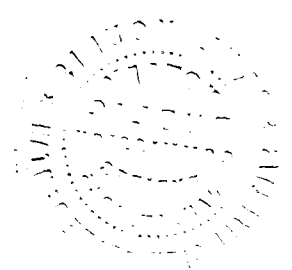
Received for filing on **JAN 15 1942** by **Marion E. Eiler**, Registrar.

JAN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



851 103 028 851

328777

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 123 Coeur d'Alene
(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay **BEFORE** delivery:IN THIS county 10 years months days**4. FULL NAME OF CHILD** Vincent de Paul Healy

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Patrick (Joseph) Healy
11. Color white 12. Age at time of THIS birth yrs.
13. Birthplace Castlebar, Co. Mayo, Ireland
(City or town) (State or foreign country)
14. Exact Occupation Post Trader
15. Industry or Business Fort Sherman

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 123 Coeur d'Alene

(e) How long has MOTHER lived in Idaho? 10 years**3. RESIDENCE OF FATHER** (city, state) 12 years

5. Date of Birth of Child

(Month, day, year) April 3, 1928

8. No. months

of Pregnancy 99. Legitimate? yes**MOTHER OF CHILD**

16. FULL MAIDEN NAME Ella P. Healy (Kildea)
17. Color white 18. Age at time of THIS birth yrs.
19. Birthplace Fingai, Ontario, Canada
(City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child; who was at M. on the date (Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that

Dr. E. J. Scallion (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of Jan. 1942

(SEAL)

Eric B. OsterbergNotary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Marion E. Geefe Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-205-025-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

328801

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 15 1942

- | | |
|--|--|
| <p>1. PLACE OF BIRTH:
(a) County <u>Idaho</u> (b) City <u>Idaho</u>
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.</p> | <p>2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State <u>Idaho</u> (b) County <u>Idaho</u>
(c) City <u>Idaho</u>
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? <u>12</u> yrs.
(f) Mother's mailing address.....</p> |
|--|--|

- | | | |
|--|---|--|
| <p>4. FULL NAME OF CHILD <u>La Vera Mae Thompson</u></p> <p>6. Sex <u>Female</u></p> | <p>7. Twin or Triplet</p> <p>8. No. months of Pregnancy <u>9</u></p> <p>9. Legitimate? <u>yes</u></p> | <p>5. Date of Birth (Month, day, year) <u>Oct 5 1898</u></p> |
|--|---|--|

- | | |
|---|--|
| <p>FATHER OF CHILD</p> <p>10. FULL NAME <u>John Baldwin Thompson</u></p> <p>11. Color or Race <u>White</u></p> <p>12. Age at time of THIS birth.....yrs.</p> <p>13. Birthplace <u>Idaho</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation.....</p> <p>15. Industry or Business.....</p> | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Melinda Emily Zehner</u></p> <p>17. Color or Race <u>White</u></p> <p>18. Age at time of THIS birth <u>26</u> years</p> <p>19. Birthplace..... (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business.....</p> |
|---|--|

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

- | | |
|--|---|
| <p>26. (a) <u>JAN 15 1942</u> (Date received)</p> <p>27. Given name added on.....by.....
(Registrar's signature)</p> | <p>(Mother, etc.) <u>Melinda E Zehner</u></p> <p>25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....</p> |
|--|---|

State of Montana
County of Silver Bow ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MALINDA EMILY THOMPSON, being first duly sworn, say that I am.....
LA VERA MAE THOMPSON as MOTHER (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth.....and that this birth has not been previously recorded.....
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of January 1942
(SEAL) Charles Brown Notary Public, residing at Butte, Mont
Name Melinda Emily Thompson
P. O. Address 1307 STEWART ST Butte Mont

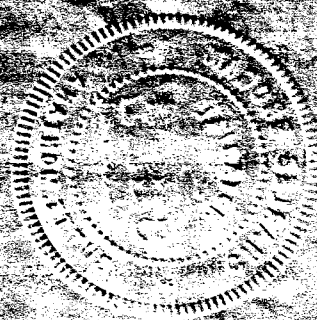
AUG 14 1995

CERTIFICATE OF BIRTH

DELAYED REGISTRATION LAW

(1997 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be accepted and filed by the local registrar for record in the Bureau of Vital Statistics for the purpose and purposes provided in Chapter 2, Title 36, Maine Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the child.



943-227-008-763

328842

United States
Department of Commerce
Bureau of the Census

(Be Sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Center
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years — months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Center
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs

4. **FULL NAME OF CHILD** Bessie Maurine Rutledge
6. Sex Female
7. Twin or Triplet ✓
If so, born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Center Idaho
5. Date of Birth of Child (Month, day, year) June 27 1898
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Richard H Rutledge
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Quincy Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary J Pottinger
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lawrence Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that Mr Rutledge who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
(First Name) (Last Name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard H Rutledge Signature
Suburban Hotel Salt Lake City Utah P. O. Address
Subscribed and sworn to before me this 17th day of January 1942
(SEAL) Alvin J. Peterson Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

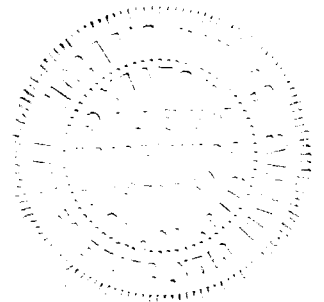
Received for filing on JAN 14 1942 by Margaret E. Eder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-115025-556

328897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 16 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 0 years 3 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 1/4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Grangeville, I

4. **FULL NAME OF CHILD** Carl Patrick McCarthy
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Dec. 15, 1898

FATHER OF CHILD
10. **FULL NAME** Charles Florence McCarthy
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Washington, D. C.
(City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Minister, Methodist Church

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minnie May Newsham
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace near Albany, Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

I don't know

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Minnie McCarthy, who is related to this child as mother.
(First name) (Last name)

25. Attendant's **OWN signature** [Signature] M.D. Midwife Address Date

State of Arizona County of Maricopa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Mr. Samuel Bibby, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm. expires 12-9-45 x Mrs. Minnie May McCarthy Signature
Pt. 7, Box 596, Biltmore Dr. Phoenix, P.O. Address Arizona

Subscribed and sworn to before me this 13th day of January, 1942
(SEAL) [Signature] Notary Public, residing at Phoenix, Arizona
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

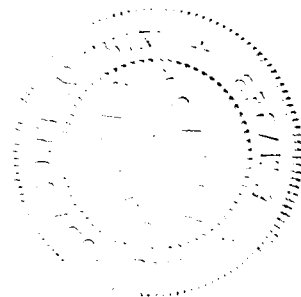
Received for filing on JAN 16 1942 by Maud E. Leifer Registrar.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-222-036-205

329054

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 21 1942

STATE OF IDAHO

State File No. **329054**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Weston Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Evelyen Perkins

5. Date of Birth of Child Aug 22, 1898
(Month, day, year)

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph M Perkins
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Kaysville Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bell Alice Bennett
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Kaysville Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4: P M. on the date Jan 21 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Joseph M Perkins, who is related to this child as Father
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 64 years, and that Mrs. Clark, who attended this birth is now deceased, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Perkins Signature

Weston Ida P. O. Address

Subscribed and sworn to before me this 19 day of Jan 1942

(SEAL)

Notary Public, residing at Weston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mary E Elder, Registrar.

APR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-122-207-142

329078

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Blaine..... (b) City.....Bellevue.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....Idaho..... (b) County.....Blaine.....
(c) City.....Bellevue.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
3. **RESIDENCE OF FATHER** (city, state) cdeceased

4. **FULL NAME OF CHILD** Roy Fuller

5. Date of Birth of Child
(Month, day, year) July 22, 1898

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Solomon Fuller
11. Color or Race white 12. Age at time of THIS birth 51 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Adkins
17. Color or Race white 18. Age at time of THIS birth 41 yrs.
19. Birthplace Clay City Indiana (City or town) (State or foreign country)
20. Exact Occupation Farmer's wife (Housewife)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
25. Attendant's none M.D. OWN signature Midwife Address Date

State of Washington }
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43½ years, and that none, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Fuller

Dayton, Washington

Signature
P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942

(SEA)

Wm. Shindler

Notary Public, residing at Dayton, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JAN 15 1942

by

Paul Elder


Registrar.

JAN 12 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445-114-040-219

329108

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JAN 15 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Shoshone (b) City Fraser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address. a Fraser

3. RESIDENCE of FATHER (city, state) Fraser, Idaho

4. FULL NAME OF CHILD Emmit Floyd Myers

5. Date of Birth (Month, day, year) Feb. 14, 1898

6. Sex male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles S. Myers

11. Color white 12. Age at time of THIS birth 33 yrs.

13. Birthplace Armstrong County, Penna.
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Janie Marie Barrows

17. Color white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Wapalo Co., Iowa.
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead _____ (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 15 1942 (Date received) (b) L.T. Reed (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

State of IDAHO } ss.
County of CLEARWATER }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Charles S. Myers, being first duly sworn, say that I am related (Related to (or) acquainted with)
Emmit Floyd Myers, as Father, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that L.T. Reed (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Charles S. Myers Signature
Greer, Idaho P. O. Address _____
Subscribed and sworn to before me on this 12th day of January, 1942, 19____
(SEAL) Frank B. Reed Notary Public, residing at Grofino, Idaho

JUL 20 1964

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

986-123-029-853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
JAN 20 1942 STATE OF IDAHO

329132
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

4. **FULL NAME OF CHILD** Joseph Andrew Rhoads

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho
5. Date of Birth of Child
(Month, day, year) June 23, 1898

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chester B. Rhoads
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Pilot Rock Oregon
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Helm
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Douglas Co Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature M.D. Address Date

State of Oregon
County of Harney } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for 43 years, and that Beck who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Helm Rhoads Signature
Burns, Oregon P. O. Address

Subscribed and sworn to before me this 19 day of January, 1942
(SEAL) John M. Campbell Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

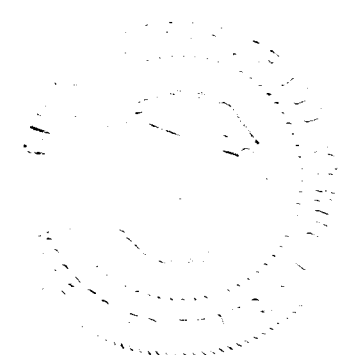
Received for filing on JAN 20 1942 by Marcel E. Baker Registrar.

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

339-114,076-296

329139

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census *Cassia* JAN 15 1942 STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH *Cassia*
(a) County *Blaine Falls* (b) City *Roseworth*
(c) Street Address or R.F.D.No. *none*
(d) Name of Hospital or Maternity Home: *at home*
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years *4* month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Cassia*
(c) City *Roseworth*
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? *4 months*
(f) Mother's mailing address *Roseworth*

3. RESIDENCE of FATHER (city, state) *Idaho*
5. Date of Birth _____
(Month, day year) *Oct. 14, 1898*
6. Sex *male* 7. Twin or If so—born 8. No. months 9. Legitimate? *yes*
Trip/et 1st, 2nd, 3rd of Pregnancy *9*

FATHER OF CHILD
10. FULL NAME *Jesse Clifton*
11. Color or Race *white* 12. Age at time of THIS birth *42* yrs.
13. Birthplace *Idaho*
(City or town) (State or foreign country)
14. Exact Occupation *Barber*
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME *Anna Louise Kroll*
17. Color or Race *white* 18. Age at time of THIS birth *29* yrs.
19. Birthplace *Fairplay, Colorado*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child *3* (b) Born alive and now living *2*
(c) Born alive and now dead *1* (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by *Anna Clifton*, who is related to this child as *Mother*
(First name) (Last name)

26. (a) *JAN 15 1942* (b) *[Signature]* 25. Attendant's CWN signature _____ M.D. _____
(Date received) (Registrar's signature) (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____
(Registrar's signature) Date _____

State of *California* } ss. AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of *San Francisco* }

I, *Anna Louise Clifton Cunliffe*, being first duly sworn, say that I am *Mother*
Carl Joaquin Clifton as *Mother* (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 339, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that *Mr. Dora Owens*, who attended said birth *cannot be located* and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Anna Louise Clifton Cunliffe Signature
San Francisco, California P.O. Address
Subscribed and sworn to before me on this *12th* day of *January*, 19 *42*
(SEAL) *[Signature]* Notary Public, residing at *San Francisco*
NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO, STATE OF CALIFORNIA
My Commission expires May 11, 1942

JAN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

142-130-032-696

329161

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Hagerman</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>16</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County (c) City <u>Hagerman</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Arthur William Justice</u> Male		5. Date of Birth of Child <u>Apr-30-1898</u> (Month, day, year)	
6. Sex Male	7. Twin or Triplet Single	8. No. months of Pregnancy 9	9. Legitimate? Yes
FATHER OF CHILD 10. FULL NAME <u>William Justice</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Willia Arizona Frost</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Osage Mills, Arkansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
 County of Gooding

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Betty Yaden who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Willa Arizona Justice Signature
 P. O. Address

Subscribed and sworn to before me this 14th day of January, 19 42
 (SEAL) [Signature] Notary Public, residing at Hagerman Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary Elder Registrar.

JDB 02 1042
MAR 1 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-103-228-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **329192**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Laclede
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Laclede
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

4. FULL NAME OF CHILD James Jay Campbell

5. Date of Birth of Child Nov. 5, 1898
(Month, day, year)

6. Sex Male **7. Twin or** Single **8. No. months** 4th
9. Legitimate? 9
If so—born 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD

10. FULL NAME Thomas Sherman Campbell
11. Color White **12. Age at time** 33 yrs.
or Race of THIS birth
13. Birthplace Wapacka, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Estelle Markham
17. Color White **18. Age at time** 24 yrs.
or Race of THIS birth
19. Birthplace Albany, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say ~~that I am the~~ that I am the ~~of the person whose name appears~~ of the person whose name appears
~~in Item 4, above,~~ in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that the attendant is deceased who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hans P Christensen Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942
(SEAL) Francis J. Long Probate Judge, Sandpoint
Notary Public, residing at Sandpoint

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Marv E. Elder, Registrar.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 129, Section 4)

Where the [REDACTED] to the effective date of [REDACTED]
[REDACTED] recorded, or in case of [REDACTED]
[REDACTED] the local registrar for [REDACTED]
[REDACTED] Title 38, Idaho Code Annotated, when such
report is made by a certificate of the attending physician or
midwife, or by affidavits of the father or mother of the child, or if
neither father or mother of the child is living or accessible, of the
nearest of kin or guardian, or some person having direct knowledge
in the premises.

512-119-235-296

329197

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County. Nez Perce (b) City. Gifford
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. Idaho (b) County. Nez Perce
(c) City. Gifford
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD. William Dewey Easter
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X

5. Date of Birth of Child Aug 19 1898
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Levi Curtis Easter
11. Color White 12. Age at time of THIS birth. 27 yrs.
13. Birthplace. Bigelow, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Clara Bell Brown
17. Color White 18. Age at time of THIS birth. 30 yrs.
19. Birthplace. Prairieburg, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

State of. Washington } ss.
County of. Yakima

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears
in Item 4, above, that I am now. 74 years of age, that I have known this person for. 43 years, and that
Alice Easter who attended this birth. deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Clara Bell Easter Signature
Route 7, Yakima, Washington. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942.
(SEAL) Lester J. Sheeley Notary Public, residing at Yakima, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

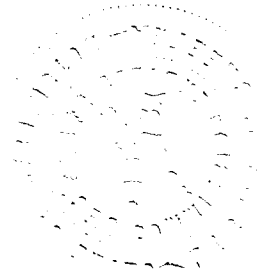
Received for filing on JAN 14 1942 by. Marj E. Elder, Registrar.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



514-223-001-993

330533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 15 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Star
(c) Street Address or R.F.D. No. P.F.D.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. P.F.D.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Star, Idaho

5. Date of Birth of Child
(Month, day, year) July 23, 1898

4. FULL NAME OF CHILD MYRTLE VAUGHN

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Marion F. Vaughn
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Boise Idaho
(City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Oline E. Richardson
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Planecity Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located) who attended this birth. I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oline E. Vaughn Signature
521 Ogdonish Bend, Oregon P. O. Address

Subscribed and sworn to before me this 13 day of Jan, 1942
(SEAL) M. P. Gilbert Notary Public, residing at Bunk Owl

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 15 1942 by Mary E. Fisher Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-128-014-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330543**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Born here
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3.3 yrs.

4. FULL NAME OF CHILD Charles Douglas Morgan Jr.

5. Date of Birth of Child Feb 28 1898
(Month, day, year)

6. Sex Male 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles Douglas Morgan
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Jacksonville Oregon
(City or town) (State or foreign country)
14. Exact Occupation Cattle raising
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Carrie Jacobs
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Dr. Ed Macey who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Jacobs Gaylord Signature
P.O. Box 547 Myasa Oregon P. O. Address

Subscribed and sworn to before me this 15 day of January, 1942
(SEAL) Notary Public, residing at Myasa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Aug. 12, 1945

Received for filing on JAN 18 1942 by Marj F. Elder Registrar.

JAN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **330582**
Local Reg. No.
Reg. Dist. No.

JAN 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH**, (All items at time of this birth)
(a) County Latah (b) City Cornwall
(c) Street Address or R.F.D. No. none then
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: about
IN THIS county Latah 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harry Delbert Allen
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) April 14, 1898

FATHER OF CHILD
10. **FULL NAME** John Jackson Allen,
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Union, Cass County Nebraska
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Celia Belle Allen Dixon
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Linwood Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont know name of it.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE None now living.

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for his life years, and that Mrs. Hinkley, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Celia Belle Allen
Prosser, Benton County Washington Signature
P. O. Address

Subscribed and sworn to before me this 15th day of January 1942, 19.....
(SEAL) B. E. Mc Gregor Notary Public, residing at Prosser WASH.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by W. E. Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made
for each and the number of each, in order of birth stated.

294-218-029-734
PEACE OF BIRTH
County of State of Idaho Latah
City of TROY
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

330589

Registration District No. _____ State File No. _____
(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____
FULL NAME OF CHILD Mildred Elizabeth Sims
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child <u>Female</u>	Twin Triplet or other? _____ and _____ Number in order of birth _____	Legitimate? <u>yes</u>	Date of birth <u>Dec. 18</u> 189 <u>8</u>
	(To be answered only in event of plural births)		(Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? _____

Number of child of this mother, including present birth 3 (a) Born alive and now living 3 yes
Born alive but now dead NONE Stillborn NONE

FATHER
FULL NAME LEWIS Edward Sims
Residence (Usual place of abode) TROY, Idaho
If non-resident, give place and State _____
Color or race white Age at last birthday 26 (Years)
Birthplace FOREST, Indiana (City and State or County)
Occupation FARMING

MOTHER
FULL MAIDEN NAME Rosa Plunkett
Residence (Usual place of abode) TROY Idaho
If non-resident, give place and State _____
Color or race white Age at last birthday 24 (Years)
Birthplace Indianapolis, Indiana (City and State or County)
Occupation Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was {Born alive} at _____ a. _____ M.
on the date above stated. {Stillborn}

(Signature) L. E. Sims (father)
Rocky Mountain House
Alberta Canada (Physician or midwife)
Address _____
Filed 1-26 1942 Mary Fielder Registrar

{*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 27 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

380800

County of _____ State of Idaho

Registration District No. _____

Birth Registration District No. _____

Local Registrar's No. _____

Place of Birth _____

Child's Name _____

Sex _____

Age _____

Weight _____

Length _____

Head _____

Birth _____

Month _____

Day _____

Year _____

Signature of Registrar _____

Signature of Physician _____

Was prophylactic used to prevent Ophtalmia Neonatorum? _____

Signature of Physician _____

Signature of Registrar _____

Signature of Mother _____

Signature of Father _____

Signature of Physician _____

Signature of Registrar _____

Signature of Mother _____

Signature of Father _____

Signature of Physician _____

Signature of Registrar _____

Signature of Mother _____

Signature of Father _____

Address _____

City _____

State _____

Zip _____

THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE IDAHO VITAL STATISTICS ACT, CHAPTER 10, IDAHO CODE, SECTION 15-101, IDAHO CODE, AS AMENDED.

Statutory Declaration

CANADA
Province of Alberta

IN THE MATTER OF

To Wit:

I, *Lewis Edward Sims*
of the *Town* of *Rocky Mountain House* in the Province of Alberta

do solemnly declare

That I am the father of Mildred Elizabeth Sims who was born on December 18, 1898.

That I do not know of anyone who is now living who was present at the time of her birth or knew of it.

The only persons in attendance at this birth were my mother and a midwife and they are both deceased.

And I make this declaration conscientiously believing the same to be true, and knowing it is of the same force and effect as if made under oath, and by virtue of The Canada Evidence Act.

Declared at *Rocky Mountain House*
in the Province of Alberta, this *16*

day of *January* A.D. 19 *42*

Before me

L. E. Sims

Ludie Admurd M.
A Commissioner of Oaths in and for the Province of Alberta.

514-120.019-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **330635**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City Hairston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 13 years months days

4. FULL NAME OF CHILD

Mance Hyrum Vaughn

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Madison Scott Vaughn

11. Color or Race

White

12. Age at time of THIS birth

35 yrs.

13. Birthplace

Lanesville, Kentucky

(City or town) (State or foreign country)

14. Exact Occupation

Rancher

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Custer

(c) City Hairston

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Hairston, Idaho

5. Date of Birth of Child

(Month, day, year) Nov 20, 1898

16. FULL MAIDEN NAME

Matilda Rose Gill

17. Color or Race

White

18. Age at time of THIS birth

27 yrs.

19. Birthplace

Idaho

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of.....County of.....ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that

(First name) (Last name) who attended this birth.....(Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

P. O. Address

Subscribed and sworn to before me this.....day of.....1942

(SEAL)

My Commission Expires Aug. 1, 1943

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

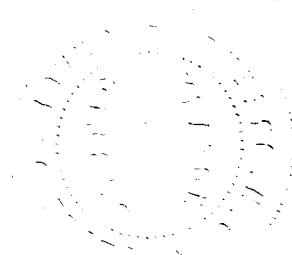
Received for filing on JAN 24 1942 by Mance Hyrum Vaughn, Registrar.

JAN 24 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313-117-214-643

330706

330706

United States **JAN 31 1942**
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Canyon..... (b) City.....Emmett.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 51 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....Idaho..... (b) County.....Canyon.....
(c) City.....Emmett.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 70 yrs.
3. RESIDENCE OF FATHER (city, state) Emmett, Ida.

4. FULL NAME OF CHILD.....Claude Herbert Caldwell.....

5. Date of Birth of Child
(Month, day, year) July 17, 1898

6. Sex male **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME.....George William Caldwell.....
11. Color or Race.....white..... **12. Age at time of THIS birth**.....28.....yrs.
13. Birthplace.....Bethany Missouri.....
(City or town) (State or foreign country)
14. Exact Occupation.....Miner.....
15. Industry or Business.....

16. FULL MAIDEN NAME.....Martha Jane Dollie Fuller.....
17. Color or Race.....white..... **18. Age at time of THIS birth**.....27.....yrs.
19. Birthplace.....Star Idaho.....
(City or town) (State or foreign country)
20. Exact Occupation.....housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature.....Idaho..... **M.D.**.....
Midwife..... **Address**..... **Date**.....

State of.....Idaho.....
County of.....Ada..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....70.....years of age, that I have known this person for.....43.....years, and that.....Mrs. Oakes....., who attended this birth.....is now deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Jane Dollie Horner
Boise, Idaho 419 So. 11th St. P. O. Address

Subscribed and sworn to before me this.....29th.....day of.....January....., 1942.....
(SEAL) Nazel Everett.....Notary Public, residing at.....Boise, Idaho.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....JAN 31 1942.....by.....Man....., Registrar.

JAN 7 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

330796

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

JAN 26 1942

1. PLACE OF BIRTH

(a) County Cassia (b) City Marion
(c) Street Address or R.F.D.No. Ben Del
(d) Name of Hospital or Maternity Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county 12 years _____ month _____ days

4. FULL NAME OF CHILD

Myra Mylita Tolman

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME William Augustus Tolman

11. Color or Race White 12. Age at time of THIS birth 50 yrs.

13. Birthplace Tooele (City or town) (State or foreign country) Utah

14. Exact Occupation Farmer

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7
(c) Born alive and now dead 4 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 26 1942 (Date received) (b) Myra Mylita Tolman (Mother's signature)

27. Given name added on _____ by _____ (Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Marion

(d) Street Address or R.F.D.No. Ben Del

(e) How long has MOTHER lived in Idaho? 31 yrs.

(f) Mother's mailing address Marion Ida

3. RESIDENCE of FATHER (city, state) Marion Ida

5. Date of Birth Oct 31st - 1897
(Month, day year)

8. No. months of Pregnancy nine 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Marantha Althusa Bates

17. Color or Race White 18. Age at time of THIS birth 46 yrs.

19. Birthplace Tooele (City or town) (State or foreign country) Utah

20. Exact Occupation House wife

21. Industry or Business _____

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)

and address _____ Date _____

State of UTAH
County of Salt Lake } ss.

I, ETTA M. CHRISTENSEN, being first duly sworn, say that I am related to MYRA MYLITA TOLMAN as sister (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Bates, who attended

said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

NOTARY PUBLIC

Residing at Salt Lake City, Utah
Subscribed and sworn to before me on this 23d day of January, 19 42

My Commission Expires June 4, 1943 Ray S. McCarty Notary Public, residing at _____

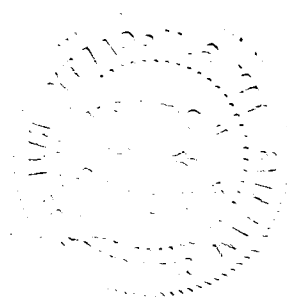
Etta M. Christensen Utah Signature
449 E. 9th South, Salt Lake City, P. O. Address

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



114-1181001-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **330857**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>712 State St.</u> (d) Name of Hospital or Maternity Home: <u>at residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 34 years</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... <u>Idaho</u> (b) County..... <u>Ada</u> (c) City..... <u>Boise</u> (d) Street Address or R.F.D. No. <u>712 State St.</u> (e) How long has MOTHER lived in Idaho? <u>34</u> yrs.	
4. FULL NAME OF CHILD <u>Sam James</u>		5. Date of Birth of Child (Month, day, year) <u>Apr. 18, 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplets	8. No. months of Pregnancy <u>nine</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Fred David James</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Ruthland, Vermont</u> (City or town) (State or foreign country) 14. Exact Occupation <u>butcher</u> 15. Industry or Business <u>business</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rose Ellen Basil</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Delta, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 9..... (b) Born alive and now living..... 9.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A. M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Jennie O. Basil, who is related to this child as aunt (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature Mrs Jennie O Basil **M.D.** Midwife **Address** 201 Flume St. **Date** Jan. 24, 1942
 State of Idaho } ss.
 County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for since birth years, and that Dr. January (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie O Basil Signature
201 Flume St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of January, 1942.
 (SEAL) Willa Gray Notary Public, residing at Boise, Idaho

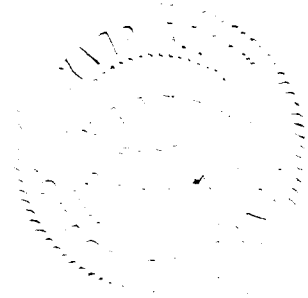
(Note: Perjury is punishable as a felony in Idaho, see Id. Commission on Expiration Feb. 5, 1945)

Received for filing on JAN 27 1942 by Marjorie E. Fisher Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-126-028-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 32 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

330871
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
at the home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 4 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Star Route, Coeur
same
3. **RESIDENCE of FATHER** (city, state): d'Alene, Ida

4. **FULL NAME OF CHILD** Charles Clifford Barnum

5. Date of Birth Oct. 26, 1898
(Month, day, year)

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Jay M. Barnum
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Clarksfield, Ohio
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

16. **FULL MAIDEN NAME** Mary G. Brown
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Allegheny, Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 22 1942 (Date received) (b) [Signature] (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

x Jay M. Barnum and Mary G. Brown-Barnum, being first duly sworn, say that we are father & mother of Charles Clifford Barnum as father & mother (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Veirt, who attended said birth is deceased. and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)
Jay M. Barnum _____ Signature
Mary G. Brown-Barnum _____ Address

Subscribed and sworn to before me on this 16th day of January, 1942 at Star Route, Coeur d'Alene, Idaho.

(SEAL)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
My Commission Expires SEPT. 20, 1942

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-123-018-843

330889

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce JAN 20 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census Old Shoshone County, STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Charwater (b) City Pierce
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (Any one of this birth)
(a) State Idaho (b) County Charwater
(c) City Pierce
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address. Peck Idaho

3. RESIDENCE of FATHER (city, state) deceased
5. Date of Birth (Month, day year) May 23, 1898
6. Sex 7. Twin or triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Aaron S. Smith Warren 16. FULL MAIDEN NAME Mary Ramsey Hutchinson
11. Color white 12. Age at time of THIS birth 52 yrs. 17. Color white 18. Age at time of THIS birth 30 yrs.
13. Birthplace Haverhill Mass. (City or town) (State or foreign country) 19. Birthplace Prince Edward Island, Canada (City or town) (State or foreign country)
14. Exact Occupation Butcher 20. Exact Occupation Hotel Keeper
15. Industry or Business Meat Market 21. Industry or Business Hotel
22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 20 1942 (Mother, etc.) (b) Mary Warren (Registrar's signature)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ and address _____ (D.O., Midwife, etc.)
(Registrar's signature) Date

State of Idaho } ss.
County of nez Perce

I, Mary Warren, being first duly sworn, say that I am related to Harry Homer Warren as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Aaron S. Warren who attended said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 18th day of November 1941
(SEAL) Scient. Maynard Notary Public, residing at Peck Idaho
Signature Mary Warren P. O. Address Peck Idaho

JAN 30 1942

JUL 25 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

565-117.019-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 30 1942

State File No. **330916**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Bayhorse
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Bayhorse
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Bayhorse, Ida

4. **FULL NAME OF CHILD** Amerigo Lewis Nonini
6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 7-17-1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Vittorio Nonini
11. Color or Race Italian 12. Age at time of THIS birth 34 yrs.
13. Birthplace Novate Mezzola, Italy
(City or town) (State or foreign country)
14. Exact Occupation stone cutter & miner
15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Domenica Scaramellini
17. Color or Race Italian 18. Age at time of THIS birth 26 yrs.
19. Birthplace Campodolcino, Italy
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 A.M. on the date 1-27-42 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Domenica Nonini, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Domenica Nonini Address Mackay, Idaho Date 1-27-42

State of. } ss.
County of. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this 27 day of January 1942
(SEAL) Marcel Steffen Notary Public, residing at Mackay, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17,914, Idaho Code Annotated.)

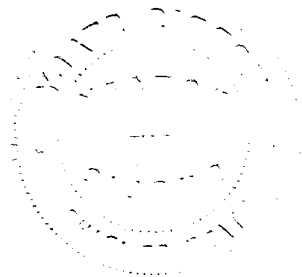
Received for filing on JAN 30 1942 by Marcel Steffen, Registrar.

JAN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



271-204-004-693
FEB 2 1942

331063

331063

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Maud Marguerite Sparks

5. Date of Birth of Child
(Month, day, year)

Jan. 4 - 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Fowler Sparks
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Lehi Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stock man
15. Industry or Business

MOTHER OF CHILD

16. FULL M maiden NAME Elsa Jane Wilcox
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Paris Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Carson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 7 5 years of age, that I have known this person for 44 years, and that Jane Sparks who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsa Jane Sparks Signature
1102 1/2 Ave No. 1st St. Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of Feb., 1942
(SEAL) Maud H. H. H. Notary Public, residing at Hampe Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 2 1942 by Mary E. H. H. Registrar.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-126029-258

331149

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery: 1 years 6 months days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Moscow, Ida.

4. **FULL NAME OF CHILD** Mathew Francis Kennedy
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Sept. 26, 1898

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Kennedy
11. Color white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Ontario Canada
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Keyes
17. Color white 18. Age at time of THIS birth 41 yrs.
19. Birthplace Renfrew Ontario Canada
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Flathead } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that doctor unknown, who attended this birth cannot be located. I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Kennedy--Edward Kennedy Signature
427 Eighth St. West, Kalispell, Mont. P. O. Address

Subscribed and sworn to before me this 29 day of January, 1942
(SEAL) Emory Messersmith Notary Public, residing at Kalispell, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commis. expires 1-8-44

Received for filing on FEB 2 1942 by Marl E. Eder, Registrar.

FFS

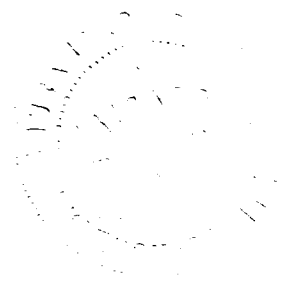
3 FEB 1937

12

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331178

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 30 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** Jay Wendell Parsons
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 5-17-1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jesse W. Parsons
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Ripley Co. Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mattie S. Morris
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Nortonville Calif.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Mrs. Elliott, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs.) Mattie S. Parsons Signature
334 No. Belmont Ave. Los Angeles P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942.
(SEAL) Notary Public, residing at Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

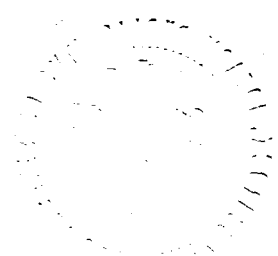
Received for filing on JAN 30 1942 by H. H. Fisher, Registrar.

WEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



789-125025249

331260

331260

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

FEB 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... Idaho (b) City..... Warren
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... Idaho (b) County..... Idaho
(c) City..... Warren
(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho 21 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Warren, Idaho

4. FULL NAME OF CHILD

Fredrick Taylor Shieper

5. Date of Birth of Child

(Month, day, year) Feb. 25, 1898

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Worth Shieper

11. Color or Race

white

12. Age at time of THIS birth

35 yrs.

13. Birthplace

Starfield, Nev.

(City or town) (State or foreign country)

14. Exact Occupation

mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Frances Smith

17. Color or Race

white

18. Age at time of THIS birth

22 yrs.

19. Birthplace

Lebanon

Oregon

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... 2

(b) Born alive and now living..... 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... born alive

(Born alive, stillborn)

..... 6..... A.M. on the date

and at the place stated above, and that personal particulars were furnished by..... Francis Reed

..... who is related to this child as..... mother.....
(First name) (Last name)

25. Attendant's OWN signature

Georgia E. Brewer

M.D.

Midwife

Address

Warren Ida

Date Feb 25-1898

State of

Idaho

} ss.

County of

ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... mother.....

(Mother, etc.)

..... of the person whose name appears

in Item 4, above, that I am now..... 67..... years of age, that I have known this person for..... 44..... years, and that

(First name) (Last name)

....., who attended this birth.....

(Is now deceased) or (Cannot be located)

I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary F. Smith Reed

Signature

1002 1/2 5th, Boise

P. O. Address

Subscribed and sworn to before me this..... 4th..... day of..... February....., 1942

(SEAL)

Myrna L. Brewer

Notary Public, residing at..... Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

FEB 4 1942

by.....

Mary F. Smith Reed

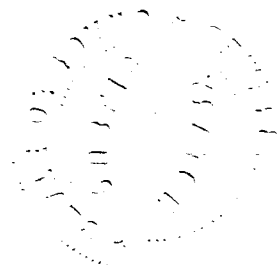
Registrar.

FEB 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **331314**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
JAN 20 1942 STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Colton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Colton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Wm Theodore Collier
6. Sex boy **7. Twin or Triplet** no **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Lloyd Francis Collier
11. Color or Race white **12. Age at time of THIS birth** 59 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lena Elizabeth Richardson
17. Color or Race white **18. Age at time of THIS birth** 39 yrs.
19. Birthplace Montana
(City or town) (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Jakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 79 years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)
who attended this birth. I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lena Collier Signature

Subscribed and sworn to before me this 27 day of Jan, 1942
(SEAL) Marion Woodruff Notary Public, residing at Jakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Marion Woodruff Registrar.

APR 10 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863 127 006 869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **331320**

Local Reg. No. _____

Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 26 1942

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county 13 years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls Bingham
(d) Street Address or R.F.D. No. 379 Lava
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address as above

3. **RESIDENCE of FATHER** (city, state): do

4. **FULL NAME OF CHILD** John Thomas Holden

5. Date of Birth
(Month, day, year) July 27, 1898

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** John Holden
11. Color or Race White 12. Age at time of **THIS** birth 38 yrs.
13. Birthplace Lancashire, England
(City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business For C.W. & P. Co.

16. **FULL MAIDEN NAME** Mary Ann Horkley
17. Color or Race White 18. Age at time of **THIS** birth 27 yrs.
19. Birthplace Stafford Shire England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JAN 26 1942 (Date received) Mary Ann Holden (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Bonneville Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ann Holden, being first duly sworn, say that I am related John Thomas Holden as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cook, who attended said birth is deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 22d day of January, 19 42
(SEAL) W. L. Brown Notary Public, residing at Idaho Falls, Idaho

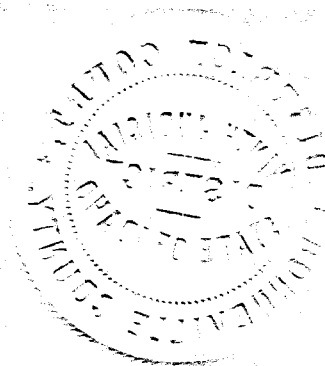
CLERK OF THE DISTRICT COURT

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659 101 007 469

331429

331429

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No. Gen Del.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No. Gen Del
(e) How long has MOTHER lived in Idaho? 14 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue Idah

4. FULL NAME OF CHILD Albert Morcom Werry

5. Date of Birth of Child
(Month, day, year) 3-1-1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas Werry
11. Color White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Cornwall England
(City or town) (State or foreign country)
14. Exact Occupation Miner.
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Craze Morcom
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Red Ruth England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12:30 A M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dora Werry, who is related to this child as Elder Sister 19yrs at time
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Dora Werry M.D. Dr. McCurdy (Deceased) Date 2/7/42
Midwife Address

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Blaine

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Dr. McCurdy, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Werry Signature
1205 N. 22nd - Boise Idaho P. O. Address

Subscribed and sworn to before me this 7 day of Feb, 19 42
(SEAL) Geo. J. Pender - Clerk Notary Public, residing at 137 Franklin Street
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Depu

Received for filing on Feb 7 1942 by Depu Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

331562
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years 1 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho, Kendrick

4. FULL NAME OF CHILD Howard K. Benscoter
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

5. Date of Birth of Child
(Month, day, year) April 24, 1898

FATHER OF CHILD
10. FULL NAME Harris North Benscoter
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Macosta Michigan
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Servillia Jane Bigham
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Marysville Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Address Date
State of Idaho County of Reservoir } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Dr. Rockwell, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Servillia Jane Benscoter Signature
Terrewood Idaho P. O. Address

Subscribed and sworn to before me this 3 day of February 1942
(SEAL) [Signature] Notary Public, residing at Terrewood Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Marv E. Fisher Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-102019 243

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **331608**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Custer (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Custer
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
(f) Mother's mailing address Mackay, Idaho

3. RESIDENCE of FATHER (city, state) Deceased

4. FULL NAME OF CHILD

Ralph Kent

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day year) June 2, 1905
8. No. months of Pregnancy 8 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George F. Kent
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Malad Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Retta Bulkley
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Springville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

26. (a) JAN 27 1942 (Date received) (b) [Signature] (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature. M.D.
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Custer

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Retta Kent, being first duly sworn, say that I am related to Ralph Kent as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Gue (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 14th day of January, 1942
(SEAL) George J. Ambrose Notary Public, residing at Mackay, Idaho
Retta Kent Signature
Mackay, Idaho P. O. Address

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

163-119 030-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331616**
Local Reg. No. _____
Reg. Dist. No. _____

JAN 28 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City in country
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City in country
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. RESIDENCE OF FATHER (city, state) Lemhi Co. Ida.

4. FULL NAME OF CHILD JOHN LESTER JOLLEY

5. Date of Birth of Child
(Month, day, year) Oct. 19, 1904

6. Sex Male **7. Twin or Triplet** No. **If so—born 1st, 2nd, 3rd** none **8. No. months of Pregnancy** 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME William Gilbert Jolley
11. Color or Race White **12. Age at time of THIS birth** 37 yrs.
13. Birthplace Livingston Co. Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Gallagher
17. Color or Race White **18. Age at time of THIS birth** 31 yrs.
19. Birthplace --- Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 37 years, and that Mrs. John Palmer is now deceased. who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Gilbert Jolley Signature
Star Route, Ririe, Idaho. P. O. Address

Subscribed and sworn to before me this 27th day of January, 19 42.
(SEAL) Ralph L. Albright Notary Public, residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Mary E. Baker Registrar.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-112029 693

331681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 5 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Lester Thomas Kerns

5. Date of Birth of Child
(Month, day, year) 10/12/1898

6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Newton Kerns
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Bayfield, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josie Evelyn Williams
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Springfield, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Clark

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Mrs. Swanson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josie Kerns Church Signature
Rte. 5, Box 232, Vancouver, Wh. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942.
(SEAL) Harry R. Porter Notary Public, residing at Vancouver.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. Expires July 31, 1943.

Received for filing on FEB 5 1942 by Mabel H. Fisher Registrar.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



966-102-08-415

331732

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 31 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Boise..... (b) City.....Roseberry.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....Home residence.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....Idaho..... (b) County.....Boise.....
(c) City.....Roseberry.....
(d) Street Address or R.F.D. No.....
.....about 35 years till her death.....
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD.....Dewey Hobson Rowland.....
6. Sex Male **7. Twin or Triplet** no **If so—born 1st, 2nd, 3rd** no **8. No. months of Pregnancy** **9. Legitimate?** Yes

5. Date of Birth of Child
(Month, day, year) May 2, 1898

FATHER OF CHILD

10. FULL NAME.....Arthur L. Rowland.....
11. Color White **12. Age at time of THIS birth** 33 yrs.
13. Birthplace.....Glinn County, Colorado.....
(City or town) (State or foreign country)
14. Exact Occupation.....Carpenter.....
15. Industry or Business.....

MOTHER OF CHILD

16. FULL MAIDEN NAME.....Minnie B. Davis.....
17. Color White **18. Age at time of THIS birth** 23 yrs.
19. Birthplace.....Phillips County, Kansas.....
(City or town) (State or foreign country)
20. Exact Occupation.....House wife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....5..... (b) Born alive and now living.....5.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....**M.D. Midwife Address Date**

State of.....Idaho.....
County of.....Valley..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Uncle.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....43.....years, and that the.....Mother and Father....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles A. Milley.....Signature
Roseberry Idaho.....P. O. Address

Subscribed and sworn to before me this.....28th.....day of.....January....., 1942.....
(SEAL).....Notary Public.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

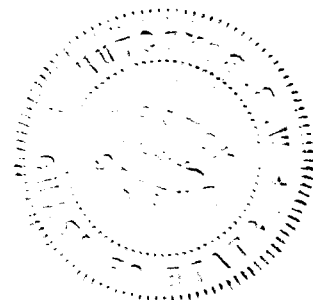
Received for filing on.....JAN 31 1942.....by.....Maud Z. Becker....., Registrar.

FEB 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331747**
Local Reg. No.
Reg. Dist. No.

FEB 2 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD DONALD ANDREW MONSON

5. Date of Birth of Child
(Month, day, year) March 21, 1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EPHRAIM MONSON
11. Color or Race WHITE **12. Age at time of THIS birth** 28 yrs.
13. Birthplace HIRAM, UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ISABELLA NOBLE
17. Color or Race WHITE **18. Age at time of THIS birth** 18 yrs.
19. Birthplace MALAD CITY, IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho **County of** Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Mary Stuart, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Isabella Monson Signature
Malad City, Idaho RFD#1 P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942
(SEAL) _____ Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

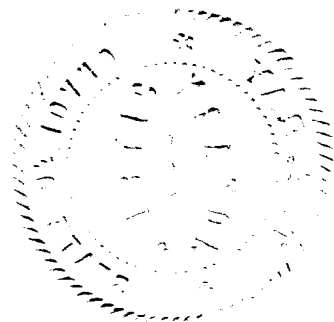
Received for filing on FEB 2 1942 by Mary Stuart, Registrar.

FEB 9 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-120-028-315

331753

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census FEB 2 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH - Coeur D. Alene City
(a) County Kootenai (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Melvin Norman Stinson
5. Date of Birth (Month, day year) Dec. 20, 1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Engle O. Stinson
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace So Dakota (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

16. FULL MAIDEN NAME Mathilde G. Langland
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 2 P.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mathilde G. Stinson, who is related to this child as Mother (First name) (Last name)

26. (a) FEB 2 1942 (b) (Mother, etc.)
(Date received) (Registrar's signature)
27. Given name added on by (Registrar's signature) 25. Attendant's OWN signature Mathilde G. Stinson M.D.
(D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mathilde G. Stinson, being first duly sworn, say that I am Mother of Melvin Norman Stinson as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature Mathilde G. Stinson
621 Linden Long Beach California P. O. Address

Subscribed and sworn to before me on this 28th day of January, 1942
(SEAL) Notary Public, residing at Wilmington Calif.

My Commission Expires March 13th 1944

FEB 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-119-007-214

331795

331795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Belleme
(c) Street Address or R.F.D. No. P.O.
(d) Name of Hospital or Maternity Home: Same
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Belleme
(d) Street Address or R.F.D. No. P.O.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** George Walter Nave

5. Date of Birth of Child
(Month, day, year) Oct. 19, 1898

6. Sex male 7. Twin or Triplet one If so—born 1st, 2nd, 3rd 4

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Hugh M. Nave
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Savannah Mo
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emelie Bauer
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 43 years, and that Mr. McCauley, Midwife, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hugh M. Nave Signature
Route 1, Hickory, Ky. P. O. Address

Subscribed and sworn to before me this 3 day of February, 1942
(SEAL) Lillian Townsend Notary Public, residing at Mayfield, Ky.
(Note: Perjury is punishable as a felony in Idaho, see Sec 117-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Manuel L. Fisher, Registrar.

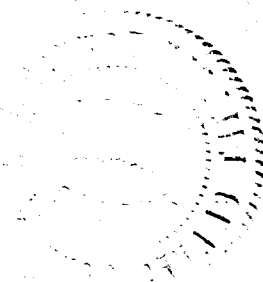
FEB 10 1942

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295718 040448

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **331842**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
BORN at HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 6 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** Wahace Dewey Kincaid

5. Date of Birth of Child
(Month, day, year) June 18-1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** John Baldwin Kincaid
11. Color White 12. Age at time of THIS birth yrs.
13. Birthplace Harrisonville Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Mining
15. Industry or Business Farming & Mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nora Bell Muht
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Rochester Ark.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 67 years, and that DR. JENEWAY, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Bell Kincaid Signature
RFD Box 1433 Downey Calif. P. O. Address

Subscribed and sworn to before me this 29 day of January, 1942
(SEAL) Coye St John Notary Public, residing at Downey, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel Hester Registrar.

FEB 10 1942

OCT 31 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 230 022-434

331867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

FEB 2 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mary Irene Dochows

5. Date of Birth of Child
(Month, day, year) August 29, 1934

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Thomson Dochows
11. Color White 12. Age at time of THIS birth 55 yrs.
13. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary M^{rs} Donald
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Auchincloss Scotland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 6:30 a M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary M^{rs} Donald, who is related to this child as Sister (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 43 years, and that I attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth L. Cox Signature
P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942
(SEAL) Don W. Bagley Notary Public, residing at Medford, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 2 1942** by Mary E. Eder Registrar.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-207029-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331886
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County. <u>LATAH</u> (b) City. <u>KENDRICK</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State. <u>IDAHO</u> (b) County. <u>LATAH</u> (c) City. <u>KENDRICK</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>55</u> yrs.	
4. FULL NAME OF CHILD <u>EDITH LOUISE ROBERTS</u>		5. Date of Birth of Child (Month, day, year) <u>APR. 7-1898</u>	
6. Sex <u>Female</u>		7. Twin or Triplet <u>4th</u>	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
10. FULL NAME OF FATHER OF CHILD <u>FRANK W. ROBERTS</u>		16. FULL MAIDEN NAME OF MOTHER OF CHILD <u>OLIVE E. CALLISON</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>33</u> yrs.		18. Age at time of THIS birth <u>74</u> yrs.	
13. Birthplace <u>HARRISBERG, PENN.</u> (City or town) (State or foreign country)		19. Birthplace <u>LASENE KANSAS</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's
 OWN signature M.D. Midwife Address Date

State of. IDAHO
 County of. LATAH } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
 in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
 (First name) (Last name) who attended this birth.....I further state that
 (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
 Chapter 139, 1937 Session Laws.

Frank R. W. Roberts Signature
 P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....
 (SEAL) Notary Public, residing at.....
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel H. Butler Registrar.

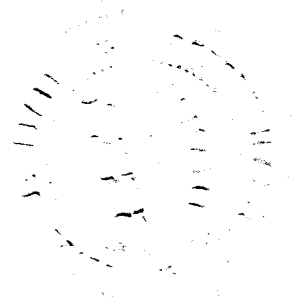
FEB 10 1942

JAN 19 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



351731008-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FILE 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331934**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Pearl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Pearl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Fowler Albert Teater

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

10. **FULL NAME** Fowler Floyd Teater
11. Color or Race Caucasian 12. Age at time of THIS birth 3 3/8 yrs.
13. Birthplace Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

5. Date of Birth of Child (Month, day, year) May-31-1898
8. No. months of Pregnancy 9 9. Legitimate? yes

16. **FULL MAIDEN NAME** Sarah Johanna Lietzke
17. Color or Race Caucasian 18. Age at time of THIS birth 2 1/2 yrs.
19. Birthplace Wheaton Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of County of { ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 2, above, that I am now 7 1/2 years of age, that I have known this person for 4 3/4 years, and that Phoebe Teater, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Johanna Pinkston Signature
P. O. Address

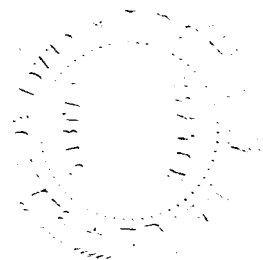
Subscribed and sworn to before me this 5 day of February 19 42
(SEAL) Edith H Church Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FILE 5 1942 by Marj Hender, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

FEB 11 1942

331953

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **331953**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1604 N 9th
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1604 N 9th
(e) How long has MOTHER lived in Idaho?

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME
OF CHILD

Robert F. Foster Henry

5. Date of Birth of Child

(Month, day, year) Feb - 7 - 1898

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? Yes

10. FULL
NAME

Samuel Henry

11. Color
or Race

White

12. Age at time
of THIS birth

45 yrs.

13. Birthplace

Independence Indiana
(City or town) (State or foreign country)

14. Exact
Occupation

Policeman

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Clara Belle Anderson

17. Color
or Race

White

18. Age at time
of THIS birth

41 yrs.

19. Birthplace

Van Buren County Iowa
(City or town) (State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature

Velie Ryon

M.D.

Midwife

Address

1411 N 8th

Date Feb 9 1942

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mary E. Foster, Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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331963

331963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 13 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rossi St.
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 11 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City So. Boise
(d) Street Address or R.F.D. No. Rossi St.
(e) How long has MOTHER lived in Idaho? 7 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Martin Axel Nelson
5. Date of Birth of Child (Month, day, year) 2-23-1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Axel Nelson
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Broby, Sweden
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business sawmill worker

MOTHER OF CHILD
16. FULL MAIDEN NAME Louisa Emaline Small
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Brooklyn, Indiana
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no physician present
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Mrs. Murtch, who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Emaline Nelson Signature
Boise Idaho 1205 Emerald Ave P. O. Address

Subscribed and sworn to before me this 11 day of February, 19 42
(SEAL) Catherine A. Nelson Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Registrar.

FEB 13 1962

NOV 23 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Weiser
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Don't know

(e) Mother's stay **BEFORE** delivery:

IN THIS county 5 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Adams
(c) City Weiser
(d) Street Address or R.F.D. No. R.F.D.

(e) How long has MOTHER lived in Idaho? 5 yrs

3. RESIDENCE OF FATHER (city, state) Weiser Ida

4. FULL NAME OF CHILD

John Johnstons Hardie

5. Date of Birth of Child

(Month, day, year) Jan. 31-1898

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9 Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Walter Hardie

11. Color or Race

white

12. Age at time of THIS birth

23 yrs.

13. Birthplace

Edinburg Scotland

14. Exact Occupation

Sheep Rancher

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elizabeth Johnstone

17. Color or Race

white

18. Age at time of THIS birth

21 yrs.

19. Birthplace

Glasgow Scotland

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...2... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

(Mother, etc.)

M.D.

Midwife

Address

Date

State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 23 years, and that

Walter Hardie (father) who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Wilmoth

1921 Sherman St, Denver, Colo. Signature

Notary Public, residing at Denver Colo

Subscribed and sworn to before me this 23 day of January, 1942

(SEAL)

Notary Public, residing at Denver Colo

Received for filing on FEB 9 1942 by.....Registrar.

REC 14 112 FEB 26 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3377

438-113-036-261

332027

United States
Department of Commerce
Bureau of the Census

JAN 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Oneida (b) City.....Preston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....Idaho (b) County.....Oneida
(c) City.....Preston
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. FULL NAME OF CHILD Clarence Robert McQueen

5. Date of Birth of Child
(Month, day, year) August 13, 1898

6. Sex Male **7. Twin or Triplet** **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME John Nesbitt McQueen Sr.,
11. Color or Race White **12. Age at time of THIS birth** 42 yrs.
13. Birthplace Glasgow, Scotland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Eliza Swann
17. Color or Race White **18. Age at time of THIS birth** 37 yrs.
19. Birthplace Peterson, Utah.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known to the present writer

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....Idaho
County of.....Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Brother.....of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since birth years, and that Mrs Fanny Swann is now deceased who attended this birth.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
45 North Second East, Preston, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of January, 1942
(SEAL) Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1942 by Mary E. Lefter, Registrar.

FEB 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-108-028-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332134**

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 5 1942

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Bonner's Ferry
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 1 1/2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Bonner's Ferry
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Bonner's Ferry

4. FULL NAME OF CHILD Verne Elliott

5. Date of Birth of Child
(Month, day, year) Dec. 8, 1898

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ben W. Elliott
11. Color White 12. Age at time of THIS birth abt 38 yrs.
13. Birthplace Omeamee Canada
(City or town) (State or foreign country)
14. Exact Occupation Plumber
15. Industry or Business Plumbing

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Miller
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Centerville, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for all his life years, and that
(First name) (Last name) who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Elliott Signature
Rte 3, Box 255, Kent, Wash. P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942.

(SEAL) Donald C. Settle Notary Public, residing at Kent

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by Mary E. Steffen, Registrar.

FEB 13 1942

JAN 14 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-210035-997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 11 1942

State File No. **332143**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez. Perces (b) City Lewiston
(c) Street Address or R.F.D. No. J Street
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez. Perces
(c) City Lewiston
(d) Street Address or R.F.D. No. J Street
(e) How long has **MOTHER** lived in Idaho? 2-10/13 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** FLORENCE MAE WILLIAMSON

5. Date of Birth of Child
(Month, day, year) March 10, 1898

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guy Oliver Williamson
11. Color white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Des Moines Iowa
(City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business restaurent

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lura Dell Riggs
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Salem Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Sarah Jane Riggs Orendorff, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lura Dell Riggs Williamson Signature
506 N. Wilson Ave. Pasadena, California P. O. Address

Subscribed and sworn to before me this 7th day of February, 1942
(SEAL) Edith L. Thompson Notary Public, residing at Pasadena Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

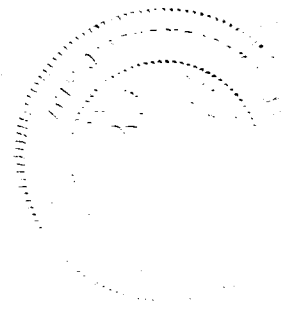
Received for filing on FEB 11 1942 by Marl E. Eber Registrar.

1318 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-224-035-399

332195

332195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

CERTIFICATE OF BIRTH FEB 6 1942 Local Reg. No.....

STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 535 Snake River Ave
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 535 Snake River Ave
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clara Florence Gillett

5. Date of Birth of Child
(Month, day, year) April, 24, 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Darwin Gillett
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Ferry Boat Operator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Myrtle Leites Gillett
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Central City Nebraska
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Nez Perce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 43 years, and that Frank B. Morris who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3d day of February, 1942
(SEAL) Frank Leites Gillett Signature
Lewiston Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

Received for filing on.....by....., Registrar.

FEB 6 1942

FEB 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-217-022-483

332417

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 6 1942

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Fremont (b) City Lewisville
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 16 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lewisville
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD Sarah Christine Selck
6. Sex Female 7. Twin or If so—born
Trip'let 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Lewisville, Idaho
5. Date of Birth
(Month, day year) June 17, 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William Walter Selck
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Kamas, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Elizabeth Myler
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarkston, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 6 1942 (Date received) (b) Mabel H. Hedger (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Jefferson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Walter Selck, being first duly sworn, say that I am father of Sarah Christine Selck as Father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth Lucy Dabell (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

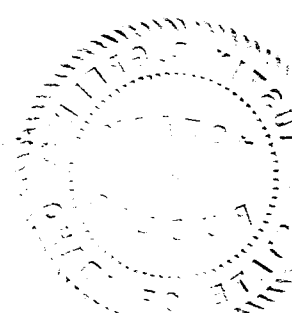
Subscribed and sworn to before me on this 7 day of December 1942
(SEAL) William Walter Selck Notary Public, residing at Menan
Signature _____ P. O. Address _____

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



612-208 006-468

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **332564**

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years 6 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 6 mo. ~~35~~ yes

4. FULL NAME OF CHILD Leah Kathrine Wasmund

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho
5. Date of Birth of Child
(Month, day, year) Aug. 8, 1898

6. Sex F. **7. Twin or Triplet** _____ **If so—born**
1st, 2nd, 3rd _____

8. No. months of Pregnancy nine **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME John Wasmund
11. Color or Race White **12. Age at time of THIS birth** 41 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie S. Mohler
17. Color or Race White **18. Age at time of THIS birth** 37 yrs.
19. Birthplace Lafayette Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child nine (b) Born alive and now living nine

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 43 years, and that Mrs. Bybe, who attended this birth cannot be found I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session-Laws.

My commission expires
June 21, 1943

Jessie S. Wasmund Signature
Veradale, Washington P. O. Address

Subscribed and sworn to before me this 12th day of February, 1942
(SEAL) Eschell Lund Notary Public, residing at Opportunity, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1942 by Harold E. Beebe, Registrar.

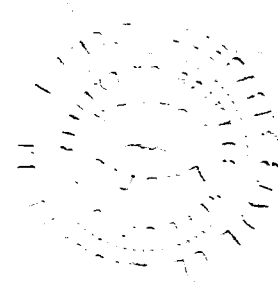
FEB 17 1942

AUG 8 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



332579

766-130-006-315

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

STATE OF IDAHO

FEB 9 1942

1. PLACE OF BIRTH

(a) County Bannock (b) City Swan Valley
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Swan Valley
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Robert Luella Oakden Poole

5. Date of Birth

(Month, day year) Sept. 30. 1898

6. Sex

Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME

Robert Oakden

11. Color or Race

white

12. Age at time of THIS birth

not known yrs.

13. Birthplace

(City or town) England (State or foreign country)

14. Exact Occupation

Farmer and

15. Industry or Business

Sawmill operator

MOTHER OF CHILD

16. FULL MAIDEN NAME

Luella Francetta Tanner

17. Color or Race

white

18. Age at time of THIS birth

36 yrs

19. Birthplace

(City or town) Beaver (State or foreign country) Utah

20. Exact Occupation

housewife

21. Industry or Business

housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 9 1942 (Date received) Mary E. Keeler (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Jefferson

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Poole, being first duly sworn, say that I am related (Related to (or) acquainted with) Robert Luella Oakden as adopted mother & Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Martin (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Poole Signature
Menan Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of January, 1942
(SEAL) George M. Curran Notary Public, residing at Menan, Idaho

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168 119 028 286

332608

United States (Be sure the information is as of date of birth of THIS child) State File No. 332608
Department of Commerce CERTIFICATE OF BIRTH FEB 9 1942 Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City Naples
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 1 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Naples
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? One yrs.
(f) Mother's mailing address Naples, Idaho

3. RESIDENCE of FATHER (city, state) Naples, Ida.

4. FULL NAME OF CHILD

MARION WAYNE JOHNSON

5. Date of Birth

(Month, day year) July 19, 1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME

Frank Marion Johnson

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace

Clay County

Missouri

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Ellen Shook

17. Color or Race White

18. Age at time of THIS birth 55 yrs.

19. Birthplace

Adams Co.

Indiana

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) FEB 9 1942 (Date received)

(b) Marion Johnson (Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

(D.O., Midwife, etc.)

and address _____

Date _____

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Amy E. Craven, being first duly sworn, say that I am related to Marion Wayne Johnson as sister
(Name of person on certificate above) (State relationship or acquaintance)
whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Hester McClennahan, who attended said birth cannot be located and that this birth has not been previously recorded.
(Name of attendant at birth)

(Is now deceased (or) cannot be located)

Amy E. Craven
Route #1, Spokane, Wash.

Signature

P. O. Address

Subscribed and sworn to before me on this 26th day of Jan. 1942.

(SEAL)

Louise D. Peterson Notary Public, residing at Spokane, Wash.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. **332649**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....**Idaho**..... (b) City.....**Cottonwood**
(c) Street Address or R.F.D. No.....**Village**.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **11** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....**Idaho**..... (b) County.....**Idaho**.....
(c) City.....**Cottonwood**.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? **11**.....yrs.
3. **RESIDENCE OF FATHER** (city, state) **Cottonwood Id**

4. **FULL NAME OF CHILD**.....**James Oscar York**.....

5. Date of Birth of Child
(Month, day, year).....**Oct. 18, 1898**.....

6. Sex **Male** 7. Twin or Triplet **Twin** If so—born 1st, **2d** ~~3d~~

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME**.....**Jacob Burrough York**.....
11. Color.....**White** 12. Age at time of THIS birth.....**43**.....yrs.
13. Birthplace.....**Hillsborough Georgia**.....
(City or town) (State or foreign country)
14. Exact Occupation.....**Minister**.....
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....**Martha Deborah Allen**.....
17. Color.....**White** 18. Age at time of THIS birth.....**38**.....yrs.
19. Birthplace.....**Term.**.....
(City or town) (State or foreign country)
20. Exact Occupation.....**Housewife**.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....**None**.....
23. Number of children of this mother: (a) At time of birth and including this child.....**10**..... (b) Born alive and now living.....**11**.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....**Idaho**.....
County of.....**Lewis**..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**Sister**.....of the person whose name appears
in Item 4, above, that I am now.....**53**.....years of age, that I have known this person for.....**43**.....years, and that
.....**Dr. J. Turner**....., who attended this birth **is now deceased**..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....**Mrs. Eva York Abel**..... Signature
.....**Kamiah Idaho**..... P. O. Address

Subscribed and sworn to before me this.....**5**.....day of.....**Feb**....., 19**42**.....
(SEAL).....**Notary Public**.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **Kamiah Idaho**

Received for filing on.....**FEB 9 1942**.....by.....**Registrar**.....

State of Idaho (While child is under 18 years of age, it is the duty of the parent or guardian to report the birth of the child to the local registrar.)
LOCAL REGISTRAR
COUNTY OF IDAHO
MAY 2 1973

RECEIVED

MAY 2 1973

MAY 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 25030134

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 14 1942

State File No. **332843**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Semhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Semhi
(c) City Salmon
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD Emily Alice Gillette

5. Date of Birth of Child
(Month, day, year) Sept 15, 1899

6. Sex female **7. Twin or** — **If so—born** —
1st, 2nd, 3rd —

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME William Olin Gillette
11. Color white **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Grand Lake Michigan
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business barbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Kitty M. Aldridge
17. Color white **18. Age at time of THIS birth** 23 yrs.
19. Birthplace St Louis Missouri
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature California **M.D.** — **Midwife** — **Address** — **Date** —

State of California **County of** San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Doctor Kenney, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kitty M. Libers Signature
Paradise Calif P. O. Address

Subscribed and sworn to before me this 9th day of February, 1942
(SEAL) Harry L. ... Notary Public, residing at Paradise Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Title 17, Chapter 3, 1932)

Received for filing on FEB 14 1942 by Harry L. ... Registrar.

FEB 19 1942

NOV 9 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263/119 029-582

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. **332867**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow (rural)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years 8 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow (rural)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Walter Leon Bolander
5. Date of Birth of Child
(Month, day, year) May 19, 1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Normal 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Anders Bolander
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Dalarna Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Kerstin Nyberg
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Dalarna Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at abt. noon M. on the date (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
25. Attendant's (Mother, etc.)
OWN signature **M.D.** **Midwife** **Address** **Date**

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 years, and that Mrs. William Butler who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Bolander Signature
227 Palo Alto Ave., Mt. View, Calif. P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942

(SEAL) W. M. Mosher Notary Public, residing at 6618 Tyrone, Van Nuys, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Marj E. Fisher, Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

995-208-029-238

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **332982**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: Residence

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City near Moscow

(d) Street Address or R.F.D. No. RFD

(e) How long has MOTHER lived in Idaho? 8 yrs.

(f) Mother's mailing address Clarkston, Wash.

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD

Daisy Leah Ziegler

5. Date of Birth

(Month, day year) 3-8-1898

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Henry Adam Ziegler

11. Color or Race white

12. Age at time of THIS birth 38 yrs.

13. Birthplace Winnebago Minnesota
(City or town) (State or foreign country)

14. Exact Occupation farmer & cabinet maker

15. Industry or Business " " "

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bertha Ella Schneider

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Posen Germany
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)
(First name) (Last name)

26. (a) FEB 16 1942 (b) [Signature]
(Date received) (Registrar's signature)

25. Attendant's

OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Bertha Ella Ziegler, being first duly sworn, say that I am the mother of Daisy Leah Ziegler as daughter (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Phillip Teare, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11th day of February, 1942

(SEAL)

[Signature]
[Signature]

Mrs. Bertha Ella Ziegler Signature
Clarkston, Washington P. O. Address
Notary Public, residing at Lewiston, Idaho

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

144 717 103 515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 16 1942

State File No. **333022**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME

OF CHILD NELSON VAN der VORT JUDAH

5. Date of Birth of Child

(Month, day, year) AUG. 12, 1898

6. Sex MALE

7. Twin or
Triplet NO

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN A. JUDAH
11. Color WHITE 12. Age at time
or Race WHITE of THIS birth 29 yrs.
13. Birthplace ARDMORE, OKLAHOMA
(City or town) (State or foreign country)
14. Exact Occupation TRAIN SERVICE
15. Industry or Business RAILROAD - O.S.L.

MOTHER OF CHILD

16. FULL MAIDEN NAME EMMA ELIZABETH VANDER VORT
17. Color WHITE 18. Age at time
or Race WHITE of THIS birth 26 yrs.
19. Birthplace WU SABLE OHIO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of CALIFORNIA } ss.
County of LOS ANGELES

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 51 years of age, that I have known this person for 43 years, and that
DR. G. ADAMS who attended this birth CANNOT BE LOCATED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

My Commission Expires Oct. 10, 1943

Subscribed and sworn to before me this 13 day of Feb, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles Cal.

Received for filing on by Manuel P. ... Registrar.

FEB 16 1942

FEB 8 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-213061-911

333044

333044

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 409 W. Jefferson St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 409 W. Jefferson
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida

5. Date of Birth of Child
(Month, day, year) Dec. 13, 1898

4. FULL NAME OF CHILD Helen J. Kiildsen

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

10. FULL NAME OF FATHER OF CHILD

11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Oshtemo, Minn
(City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

16. FULL MAIDEN NAME OF MOTHER OF CHILD

17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Tromsø, Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho, Ada ss.
County of Idaho, Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this Feb 21 day of Feb, 19 42
(SEAL) Wm. E. Dunbar Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code A notary public)
Mary Kiildsen Signature
P. O. Address

Received for filing on by Mary Kiildsen, Registrar.

FEB 21 1942

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449117006132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

333133

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho
(c) Street Address or R.F.D. No. Gray
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Gray
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Hazen Leo Muir.

5. Date of Birth of Child
(Month, day, year) 5-17-1898

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Henry Muir
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher.
15. Industry or Business Cattle Ranch.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Atkinson.
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Woods Cross Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Almeda Brown, who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Henry Muir Signature
1114 St. Charles Terrace Alhambra Calif O. Address

Subscribed and sworn to before me this 19 day of February, 1942
(SEAL) Georgel J. Brown Notary Public, residing at Alhambra Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission Expires May 3rd 1943

Received for filing on FEB 20 1942 by Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

333150

469 127030 969

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO FEB 18 1942 Reg. Dist. No.

1. PLACE OF BIRTH (a) County Lemhi (b) City Gibsonville 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (c) Street Address or R.F.D. No. (a) State Idaho (b) County Lemhi
 (d) Name of Hospital or Maternity Home: (c) City Gibsonville
 (e) Mother's stay BEFORE delivery: (d) Street Address or R.F.D. No.
 In Hosp. or Mat. Home. days. (e) How long has MOTHER lived in Idaho? 16 yrs.
 IN THIS county 8 years month days (f) Mother's mailing address Wallace Ida.

4. FULL NAME OF CHILD Daniel Irvine Morrison 5. Date of Birth Sept. 27, 1928
 6. Sex Male 7. Twin or Triplet If so—born 8. No. months of Pregnancy 9 9. Legitimate? Yes
 1st, 2nd, 3rd

FATHER OF CHILD MOTHER OF CHILD
 10. FULL NAME John Donald Morrison 16. FULL MAIDEN NAME Rosa May Boyd Irvine
 11. Color or Race White 12. Age at time of THIS birth 38 yrs. 17. Color or Race White 18. Age at time of THIS birth 28 yrs.
 13. Birthplace Van Lake Hill, Canada 19. Birthplace Deshlova (Iowa)
 (City or town) (State or foreign country) (City or town) (State or foreign country)
 14. Exact Occupation Contractor 20. Exact Occupation House wife
 15. Industry or Business Contractor, Owner Livery Station 21. Industry or Business
 22. Name prophylactic used to prevent Ophthalmia Neonatorum
 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)
 (Mother, etc.)

26. (a) (b) 25. Attendant's
 (Date received) (Registrar's signature) OWN signature M.D.
 27. Given name added on by and address Date
 (Registrar's signature) (D.O., Midwife, etc.)

State of Washington } ss.
 County of King

I, Rosa Morrison, being first duly sworn, say that I am Related
Daniel Irvine Morrison as Mother (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
 contained therein are true to the best of my knowledge. I further state that Dr. M. E. Nevin, who attended
 said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of Feb 1942
 (SEAL) W. W. White Notary Public, residing at Seattle, Wash.
 Signature Rosa Morrison P. O. Address Seattle, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certi-
 cate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge
 for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-108 028 942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. **333163**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boatman (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home of Mrs. Kate E. Worsley
(e) Mother's stay BEFORE delivery: ..
IN THIS county nine years none months none days

2. USUAL RESIDENCE OF MOTHER (At time of this birth),

(a) State Idaho (b) County Boatman
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? None yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

5. Date of Birth of Child
(Month, day, year) Aug 8 - 1898

4. FULL NAME OF CHILD Oliver Wendell Dunsmon

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Randall Dunsmon
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Farmington, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation machinist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lura Rusho
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Taylor, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that Dr. Hunt who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lura Rusho Dunsmon Signature

Phaedra Beach, Oregon P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942
(SEAL) Chas. P. Nelson Notary Public, residing at Nelsett, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. Oct 7 - 1945

Received for filing on FEB 16 1942 by Henry H. Lifer Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-120 020-859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 28 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File # **833199**
Local Reg. No.
Reg. Dist. No.

FEB 20 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Bonaparte
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born at home of mother & father
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Bonaparte
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs

4. **FULL NAME OF CHILD** Everett Clyde Howard

5. Date of Birth of Child
(Month, day, year) September 20 1878

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** William Francis Merion Howard
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Indiana
(City or town) (State or foreign country)
14. Exact Occupation mining
15. Industry or Business

16. **FULL MAIDEN NAME** Clara Hendrich
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 3 years, and that Mrs. Mary Lawson who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of January, 1942
(SEAL) Isabella Kaufman Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Minnie Mabel Hedger Signature
2515 Venice Blvd. L.A. P.O. Address

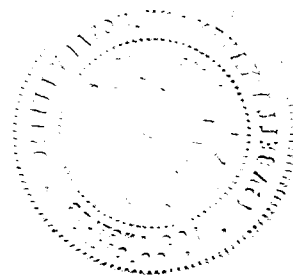
Received for filing on JAN 29 1942 by Walter E. Eiden Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334235**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Addie Leona Mitchell

5. Date of Birth of Child December 10 - 1898
(Month, day, year)

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Mitchell
11. Color white 12. Age at time of THIS birth 47 yrs.
13. Birthplace. (City or town) (State or foreign country)
14. Exact Occupation House Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Agnes Williamson
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Steamboat Rock Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 43 years, and that Grandma Veart who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of February, 1942
(SEAL) J. J. Gelzer Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by J. J. Gelzer, Registrar.

SEP 25 1942

MAR 3 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-117-020-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

- STATE OF IDAHO **FEB 20 1942**

State File No. **334241**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Rocky Bar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
born at own Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Rocky Bar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** George Dewey Johnston

5. Date of Birth of Child
(Month, day, year) May 17, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Thomas Johnston
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Grand Island, Neb.
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Olevia Lowrance
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Barber County, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boratic
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at eight P.M. on the date May 17, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Florence Olevia Johnston Briggs, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Deceased Date
Midwife

State of Idaho Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Mrs. Spooner, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence O Johnston Briggs Signature
Stites, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL)

V. B. Anderson Notary Public, residing at Stites, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

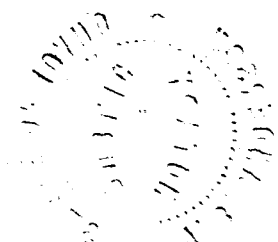
Received for filing on FEB 20 1942 by Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-127-006-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. **334246**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 7 So. Shilling Ave.
(d) Name of Hospital or Maternity Home:
At private residence:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 8 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 7 So. Shilling Ave.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD

Lawrence H. Thomas

5. Date of Birth of Child

(Month, day, year) June 27, 1898

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lorenzo R. Thomas
11. Color White 12. Age at time
or Race of THIS birth 28 yrs.
13. Birthplace Wanley, Staffordshire, England
(City or town) (State or foreign country)
14. Exact Occupation Register U. S. Land Office
15. Industry or Business Blackfoot, Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Elliott
17. Color White 18. Age at time
or Race of THIS birth 26 yrs.
19. Birthplace Near Barnsley, Yorkshire, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 71 years of age, that I have known this person from birth years, and that
William H. Behle, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Lorenzo R. Thomas Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL)

Gregory Jones Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

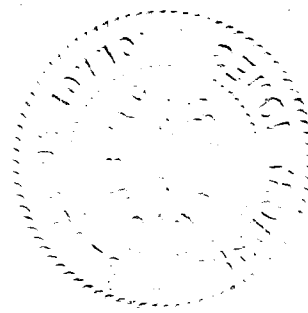
Received for filing on FEB 20 1942 by Marj H. Fisher Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



443-207004-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 20 1942

State File No. **334300**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. Douglas
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Douglas
(e) How long has MOTHER lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Ann Elizabeth Mullin
5. **Date of Birth of Child**
(Month, day, year) Nov. 7 1898
6. Sex Female 7. **Twin or Triplet** — If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9 9. **Legitimate?** Yes

- FATHER OF CHILD**
10. **FULL NAME** Michael A. Mullin
11. **Color or Race** White 12. **Age at time of THIS birth** 29 yrs.
13. **Birthplace** Omaha Nebraska
(City or town) (State or foreign country)
14. **Exact Occupation** Fireman J.S.L.
15. **Industry or Business** Railroad
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Delia C. Kerner
17. **Color or Race** White 18. **Age at time of THIS birth** 29 yrs.
19. **Birthplace** Wicksburg Penna.
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business** —

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** don't know
23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at Hoover, now deceased M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. **Attendant's OWN signature** California **M.D.** _____
State of Calif. **Midwife** _____ **Address** _____ **Date** _____
County of Los Angeles **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Hoover (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delia C. Mullin Signature
669 UNION - LOS ANGELES P. O. Address
Subscribed and sworn to before me this 17 day of FEB, 1942
(SEAL) Notary Public Notary Public, residing at 3324 Leona Ave.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) ARCADIA, CALIF

Received for filing on FEB 20 1942 by Michael Mullin, Registrar.

FEB 26 1942

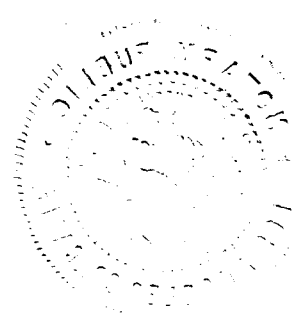
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AUG 31 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

877 208-001-275

334333

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

FEB 24 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise Idaho</u> (c) Street Address or R.F.D. No. <u>700 Barnhart St</u> (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>12</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>700 Barnhart St</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Margaret Helen Hipsvillar</u>		5. Date of Birth of Child (Month, day, year) <u>August 5 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Sebastian Hipsvillar</u>		16. FULL MAIDEN NAME <u>Kathie Hipsvillar</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace (City or town) <u>Kansas</u> (State or foreign country)		19. Birthplace (City or town) <u>Horton Missouri</u> (State or foreign country)	
14. Exact Occupation <u>Gold Miner</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....

State of.....**Laramie** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 24 years, and that Haley, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kathie Hipsvillar Signature
515 N 30th Cheyenne Wyo. P. O. Address

Subscribed and sworn to before me this 7 day of January, 19 42
(SEAL) Walter Chapman Notary Public, residing at Cheyenne Wyo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel Zeller, Registrar.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

I, Mark H. Chapman, a Notary Public
do hereby certify that the maiden name
"King" was added by Father King Hesperilles
Nymore this the 20th day of Decr 1942.

Mark H. Chapman
Notary

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-220-006-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **334374**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Grant
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Grant
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Grant, Idaho

**4. FULL NAME
OF CHILD**

MANILA Bertude Hansen

5. Date of Birth of Child,
(Month, day, year) July 20, 1942

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mon

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Christoffer Hansen
11. Color White 12. Age at time
or Race of THIS birth 32 yrs.
13. Birthplace Nygaarde Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Henrietta Sorensen
17. Color White 18. Age at time
or Race of THIS birth 31 yrs.
19. Birthplace Herlufmagle Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that
Harriet Dabell who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of February, 1942

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Maude E. Fisher, Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 126 028 569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334422**

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Jacob Sylvester Morris

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Lake Creek
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

5. Date of Birth of Child

(Month, day, year) Mar. 26-1898

8. No. months of Pregnancy 9

9. Legitimate? ☒

FATHER OF CHILD

10. FULL NAME

William Henry Morris

11. Color or Race W

12. Age at time of THIS birth 37 yrs.

13. Birthplace (City or town)

Kansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Ewing

17. Color or Race W

18. Age at time of THIS birth 31 yrs.

19. Birthplace (City or town)

Iowa (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Kootenai ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for 43 years, and that

W. A. Morris who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of Feb, 1942

(SEAL)

Notary Public, residing at Winthrop

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

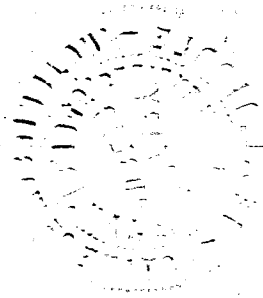
Received for filing on FEB 19 1942 by Mabel H. Fisher Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



817-102-037-439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334423
State File No. _____
Local Reg. No. _____
FEB 19 1942
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Delamar
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Delamar
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Delamar, Id.

4. **FULL NAME OF CHILD** Leonard Haggerty

5. Date of Birth of Child
(Month, day, year) 5-2-98

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 mon. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Nathaniel Haggerty
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Fort Wayne, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Ellen Utz
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Gentry County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7-4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ellen Haggerty Signature
6748-16 Ave NW Seattle P. O. Address

Subscribed and sworn to before me this 17 day of February, 19 42
(SEAL) Chas. R. Smith Notary Public, residing at Beatt

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Marj H. Fisher Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-118 029 754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334430
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 806 Mabelle Ave
(d) Name of Hospital or Maternity Home: Residence 806 Mabelle Ave,
(e) Mother's stay BEFORE delivery: 10 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 806 Mabelle Ave
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD Verner Theodore Lindquist

5. Date of Birth of Child Oct. 18, 1898
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Andrew John Lindquist</u>	16. FULL MAIDEN NAME <u>Wilhelmina Anderson</u>		
11. Color <u>White</u>	17. Color <u>White</u>	12. Age at time of THIS birth <u>37</u> yrs.	18. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>Elfsborgs</u> (City or town) <u>Sweden</u> (State or foreign country)	19. Birthplace <u>Smaland</u> (City or town) <u>Sweden</u> (State or foreign country)		
14. Exact Occupation <u>Laborer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u> </u>	21. Industry or Business <u> </u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive A.M. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Andrew J. Lindquist, who is related to this child as Father (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Latah } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 43 years, and that Dr. C. L. Gritman, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dr. C. L. Gritman Signature
P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942

(SEAL) Notary Public, reading at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

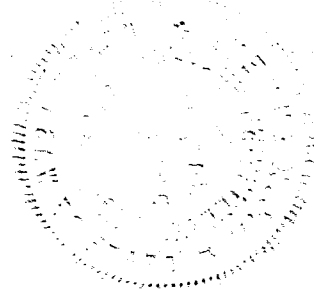
Received for filing on FEB 25 1942 by Marj I. Gritman, Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369129 001 263
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334469
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 47 years 11 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Frank Edward Lore

5. Date of Birth of Child
(Month, day, year) July 29, 1898

6. Sex male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy -- 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Lore
11. Color white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Cork Ireland
(City or town) (State or foreign country)
14. Exact Occupation Mason and farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Eliza Bolle
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace -- Penn.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business do

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Charlotte Thorn who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie M. Schilling Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942
(SEAL) [Signature] Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

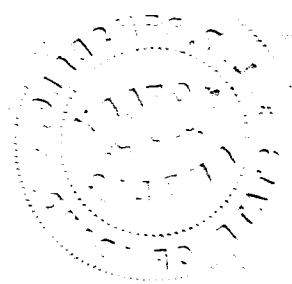
Received for filing on FEB 25 1942 by [Signature] Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

217 124 028 364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334521
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Seneca
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Seneca
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME
OF CHILD

James Herbert Sage

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Feb 24, 1898

FATHER OF CHILD

10. FULL NAME Reuben J. Sage
11. Color White 12. Age at time
of THIS birth 56 yrs.
13. Birthplace Grand Haven Mich.
(City or town) (State or foreign country)
14. Exact Occupation Turnerman
15. Industry or Business

MOTHER OF CHILD

16. FULL NAME Merrion Courrier
17. Color White 18. Age at time
of THIS birth 32 yrs.
19. Birthplace Extonville Mich.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living. 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Franklin

AFFIDAVIT, to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am an intimate acquaintance of the person whose name appears
in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that
Mrs. K. Leag (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ronald O. Hemmick Signature
Millwood Wash. P. O. Address

Subscribed and sworn to before me this 21st day of Feb, 1942
(SEAL) L. E. Hume Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

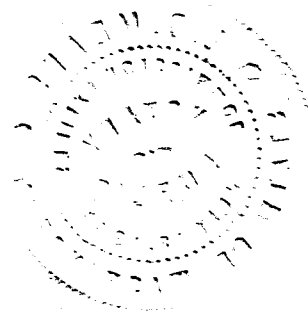
Received for filing on FEB 26 1942 by 11124 364 Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-201 036-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334528**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county / years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Preston Idaho

5. Date of Birth of Child
(Month, day, year) Mar. 12 1898

4. FULL NAME OF CHILD

Caroline Christensen

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Christensen

11. Color

white

12. Age at time

45 yrs.

13. Birthplace

Detroit

14. Exact

Michigan

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Schmidt

17. Color

white

18. Age at time

43 yrs.

19. Birthplace

Hannover

20. Exact

Germany

21. Industry or

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Oneida ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for life years, and that

Midwife who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thelma C. Anderson Signature

Preston Idaho P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL)

Thelma C. Anderson Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

FEB 26 1942

by

Mary E. Eiler

Registrar.

MASS 2 1/2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

43419 016 255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 334570
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bevil Dewey Mc Murray
5. Date of Birth (Month, day, year) April 19 1942
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Alfred Mc Murray
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Granville Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

- MOTHER OF CHILD
16. FULL MAIDEN NAME Bessie Wilcox Snider
17. Color or Race white 18. Age at time of THIS birth 25 years
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) FEB 27 1942 (Date received) M. H. H. H. (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's OWN signature.....M.D. or (D.O., Midwife, etc.)
and address Date

State of California ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rosalie V. Mc Murray being first duly sworn, say that I am The mother of
Bevil Dewey Mc Murray my son
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ser. Albee, who attended said birth, cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Rosalie Wilcox Snider Mc Murray Name
4316 Campbell Dr. Los Angeles 16 Calif. P. O. Address

Subscribed and sworn to before me on this 16 day of Feb 1942
(SEAL) Melton Artz Notary Public, residing at County of Los Angeles
my commission expires Oct 10, 1943

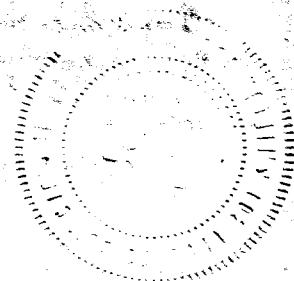
FEB 25 1942

AUG 8 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291116 003 294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334640

FEB 18 1942

State File No. 334640
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>805 N. Arthur</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Bannock</u> (b) County <u>Idaho</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>805 N. Arthur</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Carl Bruhn Brandt</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 16, 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Conrad Brandt</u>		16. FULL MAIDEN NAME <u>Mrs. Elizabeth Bruhn</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Nurboing, Denmark</u> (City or town) (State or foreign country)		19. Birthplace <u>Clinton Co., Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Foreman, R.R. Store Dept.</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....**M.D. Midwife**.....**Address**.....**Date**.....

State of Idaho } ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 6.6 years of age, that I have known this person for 43 years, and that.....
DR. F.H. CASTLE....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 1942
(SEAL).....Notary Public, residing at Pocatello

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mary Elder, Registrar.

MAR 1 1942

JUN 10 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-206029813

334663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Julietta
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Julietta Idaho

5. Date of Birth of Child

(Month, day, year) Mar. 6 1898

4. FULL NAME OF CHILD

Gladys Ruth Patterson

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse D Patterson

11. Color W 12. Age at time of THIS birth 30 yrs.

13. Birthplace Sangamon Co Ill.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Olivia Hattler

17. Color W 18. Age at time of THIS birth 24 yrs.

19. Birthplace Sangamon Co Ill.
(City or town) (State or foreign country)

20. Exact Occupation H.W.

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive about 10:00 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Jesse D Patterson, who is related to this child as father
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Mich.
County of Kalamazoo ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 23 years of age, that I have known this person for 43 years, and that

Mrs Sullivan mid wife, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse D Patterson Signature
R.R. 9 Kalamazoo Mich. P. O. Address

Subscribed and sworn to before me this 24 day of February, 19 42

(SEAL)

W. Ellington K Brown Notary Public, residing at Kalamazoo Mich.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Marj 26 Lefner Registrar.

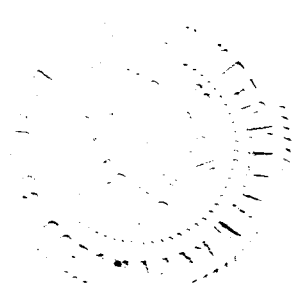
NOV 29 1965

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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632-101 016-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334745**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Elba</u> (c) Street Address or R.F.D. No. <u>nil.</u> (d) Name of Hospital or Maternity Home: <u>At residence.</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>24</u> years <u>4</u> months <u>9</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho.</u> (b) County <u>Cassia</u> (c) City <u>Elba</u> (d) Street Address or R.F.D. No. <u>nil.</u> (e) How long has MOTHER lived in Idaho? <u>67</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>is deceased.</u> 5. Date of Birth of Child <u>was Elba, Ida.</u> (Month, day, year) <u>Apr. 1, 1898.</u>	
4. FULL NAME OF CHILD <u>Earl Otto Olsen</u>		6. Sex <u>Male</u>	
7. Twin or Triplet <u>single</u>		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Otto Olsen</u>		9. Legitimate? <u>yes</u>	
11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Braderisburg, Denmark.</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Farmer & Stockman</u>	
15. Industry or Business <u>" "</u>		16. FULL MAIDEN NAME <u>Sylvia Jane Beecher</u>	
17. Color or Race <u>white</u>		18. Age at time of THIS birth <u>26</u> yrs.	
19. Birthplace <u>Willard City, Utah.</u> (City or town) (State or foreign country)		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business <u>Housewife</u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>do not know.</u>	
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
 County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Earl Otto Olsen who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvia Jane Olsen Signature
Albion, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 1942.

(SEAL) Paul R. Research Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [Signature], Registrar.

MAR 3

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819-204 014-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File N **334779**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Middleton, Idaho
(d) Street Address or R.F.D. No. RFD 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Mary Inez Harvey

5. Date of Birth of Child

(Month, day, year) June 4, 1898

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate yes

FATHER OF CHILD

10. FULL NAME Albert Harvey
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Chicago, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret May Calhoun
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Iowa City, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that Dr. Maxey, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marjaret M. Harney Signature
Caldwell, Idaho RFD 1 P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942.

(SEAL)

Emma E. Thompson Notary Public, residing at Caldwell, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

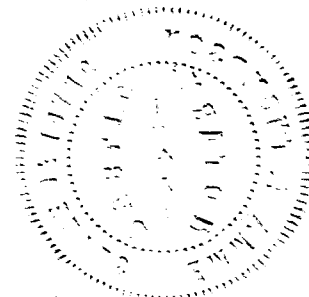
Received for filing on MAR 3 1942 by Mary E. Lifer Registrar.

SEP 11 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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519126-025-257

334787

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Idaho..... (b) City.....Mount Idaho.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
X
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....Idaho..... (b) County.....Idaho.....
(c) City.....Mount Idaho.....
(d) Street Address or R.F.D. No.....X Deceased.....
(e) How long has MOTHER lived in Idaho?..... yrs.

4. **FULL NAME OF CHILD**.....Fred Earp.....

5. Date of Birth of Child
(Month, day, year).....Mch. 26, 1898.....

6. Sex.....Male..... 7. Twin or Triplet.....X..... If so—born 1st, 2nd, 3rd.....X..... 8. No. months of Pregnancy.....9..... 9. Legitimate?.....Yes.....

FATHER OF CHILD

10. **FULL NAME**.....Joseph G. Earp.....
11. Color.....White..... 12. Age at time of THIS birth.....38 yrs.
13. Birthplace.....Mc. Donald Co., Missouri.....
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer.....
15. Industry or Business.....XX.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Melinda Belle Seay.....
17. Color.....White..... 18. Age at time of THIS birth.....35 yrs.
19. Birthplace.....Benton Co., Arkansas.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....XX.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....X.....
23. Number of children of this mother: (a) At time of birth and including this child.....8..... (b) Born alive and now living.....8.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....X.....at.....X.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....X....., who is
related to this child as.....X..... (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature.....X..... M.D. Midwife Address.....X..... Date.....

State of.....Idaho.....
County of.....Idaho..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....81.....years of age, that I have known this person for.....43.....years, and that.....plus.....
Rebecca A. Howard....., who attended this birth.....is now deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Joseph G. Earp)

Signature.....Joseph G. Earp.....
P. O. Address.....Grangeville, Idaho.....

Subscribed and sworn to before me this.....31.....day of.....January....., 19.....42.....

(SEAL)

Notary Public, residing at.....Grangeville, Idaho.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....FEB 24 1942.....by.....Mary E. Nelson....., Registrar.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Received for filing on MAR 2 1942 by [Signature], Registrar

APR 7 1961

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433 224035-281

334864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334864**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 5 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County My. Pucci (b) City Mar. Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County My. Pucci
(c) City Mar. Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edith May McCallister

5. Date of Birth of Child
(Month, day, year) Sept. 24 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Elmer McCallister
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace North Vernon Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sallie Shanklin
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Frederick Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D. Midwife Address Date

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Sarah Becknor Nurse who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of February, 1942
(SEAL) Sallie McCallister Signature
254 W. 2nd St. Box 2435 Tulsa, Okla. Address
Notary Public residing at Tulsa Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 5 1942** by Marcel H. Gledner Registrar

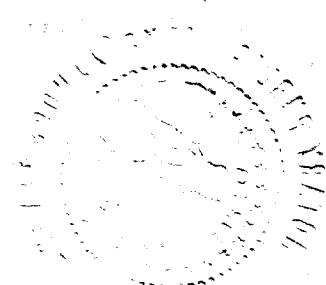
MAR 5 1942

APR 6 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each Certified copy requires an advance payment of fifty cents, money order or coin.

995-203 028 255

334945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County HOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home:
NONE - OWN HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County HOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD MARGARET ZINK
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) COEUR D'ALENE Ida.
5. Date of Birth of Child FEB. 3, 1898
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME FRED ZINK
11. Color or Race WHITE 12. Age at time of THIS birth UNKNOWN yrs.
13. Birthplace UNKNOWN PA. USA
(City or town) (State or foreign country)
14. Exact Occupation WOODSMAN
15. Industry or Business GENERAL LABOR

MOTHER OF CHILD
16. FULL MAIDEN NAME FIDELLA BENTLEY
17. Color or Race WHITE 18. Age at time of THIS birth 28 yrs.
19. Birthplace UNKNOWN WASH. USA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Date

State of Idaho } ss.
County of HOOTENAI

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the HALF-BROTHER of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 44 years, and that UNKNOWN who attended this birth Is UNKNOWN I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David A. Blomford Signature
Post Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Feb, 1942
(SEAL) [Signature] Notary Public, residing at Post Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel [Signature], Registrar.

MAR 6th 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-216022-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334979

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. Gen. Delivery.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay BEFORE delivery
IN THIS county 6 years 8 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No. Genl. Delivery
(e) How long has MOTHER lived in Idaho? 6 1/2 yrs.
3. RESIDENCE OF FATHER (city, state) Marysville, Idaho

4. FULL NAME OF CHILD Stella - Karren.
6. Sex Female 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy 9 9. Legitimate? Yes.

5. Date of Birth of Child
(Month, day, year) March 16. 1898

FATHER OF CHILD
10. FULL NAME Thomas William Karren.
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Lehi, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD
16. FULL MAIDEN NAME Marie Antonette Van Arden.
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Kaysville, Utah.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A.M. on the date March 16, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Marie A. Karren. who is related to this child as Mother. (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Fremont Address ss. Date
State of Idaho County of Fremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Mrs. Joe Lamborn. who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Marva Karren Signature
General Delivery, Ashton, Idaho. P. O. Address

Subscribed and sworn to before me this 7 day of February 19 42
(SEAL) Paul Stone Notary Public, residing at Ashton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com 4/19/45

Received for filing on FEB 25 1942 by Marv J. Eifer Registrar.

MAR 6 - 1942

JUN 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Board Eraser. When in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of five cents, agency order of coin.

386-207025-365
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **335030**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Viola Catharine Thorp 5. Date of Birth Dec. 7th, 1898
(Month, day, year)

6. Sex Female 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Melvyn Thorp
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Scio, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Pauline Long
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Portland, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead One (d) Stillborn Nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) Mary Pauline Long (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Washington } ss.
County of Franklin }
(Ms) Sylvia Mae McAllister, being first duly sworn, say that I am related to
Viola Catharine Thorp as Sister (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. C. P. Long (Grandmother), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19 day of February, 1942
(SEAL) M. H. Cameron Notary Public, residing at Centralia
Signature Sylvia Mae McAllister
P. O. Address 414 Westlock St. Centralia, Wn.

NOV 21 1961

JUN 11 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 127, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 58, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



645-208 040 863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335051**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs

4. FULL NAME OF CHILD Emma Constance Funk

5. Date of Birth of Child May 8 1898
(Month, day, year)

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate Yes

FATHER OF CHILD
10. FULL NAME Frederick Funk
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Denmark
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Nathilda Holmstad
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 2 (b) Born alive and now living..... 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....
County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Dr. The Lee who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nathilda Funk Raymond Signature
P. O. Address

Subscribed and sworn to before me this 28th day of Feb, 1937
(SEAL) Notary Public, residing at Langley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 1942 by Mabel J. Greer, Registrar.

MAR 6 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386129 036693

335240

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida

(c) City Malad

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD RUSSELL THOMAS

5. Date of Birth of Child

(Month, day, year) November 29, 1898

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Thomas

11. Color Am White **12. Age at time** 28 yrs.
or Race A. White of THIS birth

13. Birthplace Malad Idaho
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Jane Williams

17. Color A. White **18. Age at time** 26 yrs.
or Race A. White of THIS birth

19. Birthplace Malad Idaho
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 2 P. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Sarah Jane Williams, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Jane Faus Scott **Midwife** Address Malad, Idaho Date Feb 27, 1942

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary E. L. L. Registrar.

WAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-211 044867

335255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Midvale</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>1</u> months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Midvale</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Lowell Alexander Mackey</u>		3. RESIDENCE OF FATHER (city, state) <u>Midvale, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 11, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>None</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>William James Mackey</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Holt County, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ada Hopper</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Taney, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of California ss.
County of Riverside

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mrs. Nancy Wiggins who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ada Mackey Signature
5001 Arlington Ave. Riverside, Calif. Address

Subscribed and sworn to before me this 24th day of February, 1942
(SEAL) Robert Langame Notary Public, residing at Riverside
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

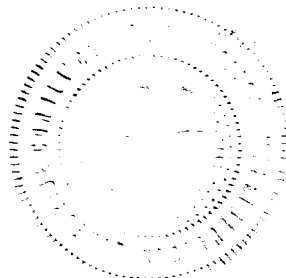
Received for filing on FEB 26 1942 by Mabel Treder Registrar.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



128 122 028-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335321**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
at home

(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum Idaho

5. Date of Birth of Child
(Month, day, year) 10-22-1898

4. FULL NAME OF CHILD

William M. Ashley

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ashley
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Denver Colorado
(City or town) (State or foreign country)
14. Exact Occupation County Engineer
15. Industry or Business Surveying & Engineering

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Jacobs
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Indianola Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that Frank Wenz, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Ashley Signature
P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942
(SEAL) E. J. Anderson Notary Public, residing at Coeur d'Alene, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary E. Lefler Registrar.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214 130 014-498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335325**
Local Reg. No.
Reg. Dist. No.

FEB 13 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **CANYON** (b) City **CALDWELL**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **CANYON**
(c) City **CALDWELL**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) **SAME**

4. **FULL NAME OF CHILD** **WILBUR FRANK BADLEY**

5. Date of Birth of Child
(Month, day, year) **9/30/1898**

6. Sex **MALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? **YES**

FATHER OF CHILD

10. **FULL NAME** **WILBUR SIMPSON BADLEY**
11. Color **WHITE** 12. Age at time of THIS birth **38** yrs.
13. Birthplace **NEAR DES MOINES, IOWA**
(City or town) (State or foreign country)
14. Exact Occupation **STORE CLERK**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **FLORENCE CORNELIA DRYDEN**
17. Color **WHITE** 18. Age at time of THIS birth **31** yrs.
19. Birthplace **MIDDLETON, IDAHO**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **OREGON**
County of **MULTNOMAH** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **SISTER** of the person whose name appears in Item 4, above, that I am now **49** years of age, that I have known this person for **43** years, and that **DR. ISHAM**, who attended this birth **IS DECEASED**. I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanch Badley Farrell Signature
1802 N.E. 4th Ave P. O. Address

Subscribed and sworn to before me this **4** day of **February**, 19**42**
(SEAL) **Notary Public, residing at, Portland, Oregon**
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 13 1942** by **M. J. H. [Signature]** Registrar.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



395-114-006-271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335444**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
3. RESIDENCE OF FATHER (city, state) Moreland, Idaho

4. FULL NAME OF CHILD Marion Laxon Lindsay

5. Date of Birth of Child
(Month, day, year) Sept. 14, 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Thomas Lindsay
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Kaysville Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Elizabeth Sparks
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Lahi Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by James Lindsay, who is
related to this child as Brother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 44 years, and that Mary E. Hatch Midwife, who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Lyon Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 48

(SEAL)

Ed Lyon Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires January 19, 1948.

Received for filing on Mar 8 1948 by Mabel E. E. E. Registrar.

JUN 13 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-105-005-138

335449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) 8/15/198

4. FULL NAME OF CHILD

Charles Streit

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Streit
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Berne, Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosina Achbaku
17. Color white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Berne, Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho ss.
County of Benewah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half sister of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 43 years, and that the midwife, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2 day of March 1942
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Mrs. J. H. Cooper Signature
66-22-37 Raymond St., Portland, Ore. P. O. Address
My commission expires Feb. 27, 1943
Notary Public, residing at Portland, Oregon

Received for filing on

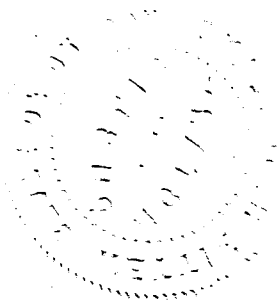
MAR 6 1942

by Maud H. Cooper Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



FEB 9 1944

493-110-029-433

335470

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City Moscow
(c) ~~Street Address~~ or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City Moscow
(d) ~~Street Address~~ or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD

Lorrie Hamlin Miller

5. Date of Birth of Child
(Month, day, year) Dec. 10 - 1898

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Hobby Miller
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Osair, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Florence McCoy
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Minerva, W. Virginia
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that C. L. Britman, who attended this birth Deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Florence Miller Signature
232 Lakeview Blvd. P. O. Address

Subscribed and sworn to before me this 13th day of February, 1942
(SEAL) Norman H. Hackett Notary Public, residing at Seattle Wash.

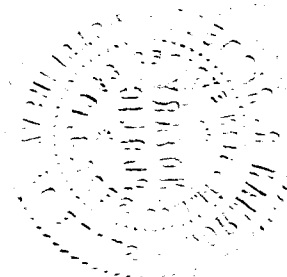
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Marj Z. Eber Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335484**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Latah** (b) City **Troy**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**

(e) Mother's stay BEFORE delivery:

IN THIS county **7** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Troy**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **7** yrs.

3. RESIDENCE OF FATHER (city, state) **Troy Idaho**

5. Date of Birth of Child
(Month, day, year) **4-19-1898**

4. FULL NAME OF CHILD **Herman Theodore Shodum**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate?

FATHER OF CHILD

10. FULL NAME **Halver Peter Shodum**
11. Color **White** 12. Age at time of THIS birth **37** yrs.
13. Birthplace **Linsell Sweden**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Larsson**
17. Color **White** 18. Age at time of THIS birth **39** yrs.
19. Birthplace **Linsell Sweden**
(City or town) (State or foreign country)
20. Exact Occupation **House Wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Latah** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears in Item 4, above, that I am now **38** years of age, that I have known this person for **43** years, and that **My P. A. Golda** who attended this birth **is now deceased**. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

P. A. Golda Signature
Troy Id. P. O. Address

Subscribed and sworn to before me this **21st** day of **February**, 1942
(SEAL) Notary Public, residing at **Troy Id.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 28 1942** by **Halver P. Shodum** Registrar.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-113-642-914

335572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Wash (b) City Salubria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Salubria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

4. **FULL NAME OF CHILD** Walter Gilbert Colson

5. **Date of Birth of Child**
(Month, day, year) Sept-13-1898

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Colson
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Boise Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Elizabeth Rambo
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Summerville Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that
Dr. Samuel M. Reynolds, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Clara Elizabeth Colson Signature
Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942.
(SEAL) Go Morell Notary Public, residing at Mtn. Home, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by Marj E. Egan Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335656**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County ONEIDA (b) City MALAD
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 18 years — month — days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City MALAD CITY
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address MALAD CITY
3. RESIDENCE of FATHER (city, state): MALAD CITY

4. FULL NAME OF CHILD DANIEL FRANCIS EVANS
5. Date of Birth (Month, day, year) 3-18-98
6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME JOSEPH W. EVANS
11. Color or Race WHITE 12. Age at time of THIS birth 50 yrs.
13. Birthplace NASTAS SOUTH WALES
(City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME MARY ANN EVANS
17. Color or Race WHITE 18. Age at time of THIS birth 40 yrs.
19. Birthplace NASTAS SOUTH WALES
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 6
(c) Born alive and now dead 5 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) _____ (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of IDAHO
County of ONEIDA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, MYFANWY MCCLURG, being first duly sworn, say that I am RELATED TO
DANIEL FRANCIS EVANS as SISTER (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. MCATEE, who attended said birth IS NOW DECEASED and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Myfanwy McClurg Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of March, 1998
(SEAL) John H. McAllister Notary Public, residing at Malad, Idaho
by J. H. McAllister, Notary

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335659

819-121-045-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County nez pence (b) City Rosetta
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County nez pence
(c) City Postoffice Rosetta Idaho
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.

4. FULL NAME OF CHILD Roy Harold Harrington

5. Date of Birth of Child
(Month, day, year) Sept. 21 1898

6. Sex male 7. Twin or Triplet If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lewis Edward Harrington
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Rock Island Co. Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Iowa Smith
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Freemont Co. Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of nez pence

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 66 years, and that Mrs Martha Wynn who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmund H. Thornton Signature
Edmund H. Thornton P. O. Address

Subscribed and sworn to before me this 7 day of March, 1942
(SEAL) Edmund H. Thornton Notary Public, residing at Edmund H. Thornton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Edmund H. Thornton Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-1151025-221

335680

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>IDAHO</u> (b) City <u>GRANGEVILLE</u> (c) Street Address or R.F.D. No. <u>RFD 1</u> (d) Name of Hospital or Maternity Home: <u>Private Residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>11</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>Rfd 1</u> (e) How long has MOTHER lived in Idaho? <u>54</u> yrs.	
4. FULL NAME OF CHILD <u>DEWEY MILTON YATES</u>		3. RESIDENCE OF FATHER (city, state) <u>Grangeville</u> 5. Date of Birth of Child (Month, day, year) <u>May 15 1898</u>	

6. Sex <u>Male</u>	7. Twin or Triplet <u> </u>	If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lee Yates</u>	16. FULL MAIDEN NAME <u>Sarah Skaggs</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>27</u> yrs.
11. Birthplace <u>Lookingglass Oregon</u>	19. Birthplace <u>Gravette, Arkansas</u>	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>housewife</u>
12. Color or Race <u>White</u>	22. Color or Race <u>White</u>	23. Industry or Business <u>XX</u>	24. Industry or Business <u>XX</u>
13. Birthplace (City or town) (State or foreign country)	14. Birthplace (City or town) (State or foreign country)	25. Industry or Business <u>XX</u>	26. Industry or Business <u>XX</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was XX at XX M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by XX (First name) XX (Last name), who is related to this child as XX (Mother, etc.)

25. Attendant's OWN signature XX M.D. Midwife Address XX Date XX

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that Rebecca A. Lyle is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

X Sarah Yates Signature
Vashon, Washington P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942.
(SEAL) William Knowles Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mary E. Keeler Registrar.

MAP 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

853.120-029-743

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1942 335752

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Idaho (b) City Park
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county years month days

4. FULL NAME OF CHILD Edwin S. Helerud

6. Sex male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Stener, K. Helerud
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Wilmar, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Park
(d) Street Address or R.F.D.No. _____
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address. _____

3. RESIDENCE of FATHER (city, state) Park Idaho

5. Date of Birth (Month, day year) Oct. 20th 1898

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MOTHER NAME Gunnild O. Gullingrud
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Ness, Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. I HEREBY CERTIFY that the birth of this child, who was Aline at _____ M. on the date _____ (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Barrie Torgerson, being first duly sworn, say that I am related to Edwin S. Helerud as Aunt, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Sophie Lundy, who attended said birth, now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 21st day of February, 1942
(SEAL) A. J. Whit Notary Public, residing at Marlin
Signature Barrie Torgerson P. O. Address Elk River, Idaho

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local health officer for record in the Bureau of Vital Statistics for the purpose and in the manner prescribed in Chapter 2, Title 38, Idaho Code Annotated. The report is accompanied by a certificate of the attending physician, midwife, or by affidavits of the father or mother of the child, or of the nearest father or mother of the child is living or deceased, or of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIFTY-cent postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy of this certificate is subject to payment of fifty cents, money order or coin.

357-0-0-035733

335769

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO MAR 2 1942 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>at home</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>2</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>at home</u> (e) How long has MOTHER lived in Idaho? <u>2 mos.</u>	
4. FULL NAME OF CHILD <u>Donna Inez Leggett</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 30, 1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Oakley Williams Leggett</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25+</u> yrs. 13. Birthplace <u>Quincy, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>In office of lumber Co.</u> 15. Industry or Business <u>Does not remember name of Company</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lillian M. Allen</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>St. Charles, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>—</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>O.K.</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of Spoکان

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 24 years, and that Deceased, who attended this birth..... I further state that (Is now deceased) or (Cannot be located)
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian M. Leggett Signature
524 1/2 35th Ave, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942
(SEAL) Wm. B. Niggen Notary Public, residing at Spokane, Wash.
Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Filing on MAR 2 1942 by Mabel E. Egan, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

335790

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Mrs. M. Case</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3-4</u> yrs.	
4. FULL NAME OF CHILD <u>George Dewey Donnelly</u>		3. RESIDENCE OF FATHER (city, state) <u>60 yrs</u> 5. Date of Birth of Child (Month, day, year) <u>Aug 21-1898</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>neither</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Patrick D Donnelly</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>St. Louis, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Hattie Ballinger</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Canyon City, Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at Hailey Idaho (Born alive, stillborn) M. on the date
and at the place stated above, and that personal particulars were furnished by Hattie Donnelly, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Hattie Donnelly M.D. Address Date
State of Idaho County of Blaine } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 34 years, and that Mary Case who attended this birth is now deceased further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Donnelly Signature
P. O. Address
Subscribed and sworn to before me this 25th day of Feb, 1942
(SEAL) Joseph M. Gleda Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by M. J. Keenan Registrar.

SEP 2 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

132-429.035-342

335874

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Myrtle (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Myrtle
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

4. **FULL NAME OF CHILD** Fred Daniel Albright

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child
(Month, day, year) May 29, 1899

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Frank Albright
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Own Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Lusk
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho ss.
County of Myrtle

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that W. A. Lusk, who attended this birth now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Mary Albright Signature
1123-9 P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942.
(SEAL) Paul H. Reigister CLERK OF THE DISTRICT COURT AND Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary Lusk Registrar.

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815 715 022 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 4 1942

State File No. **335940**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Salem, Idaho

4. FULL NAME OF CHILD Melvin Hanson

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) June 15, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Alfred Hanson
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace State of Nebraska
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Anderson
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Mt. Pleasant Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife. Address..... Date.....

State of Idaho County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Mrs. Caroline Larsen, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Alfred Hanson Signature
Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942.
(SEAL) J. W. Jensen Notary Public, residing at Shelley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214 Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mary E. Jensen, Registrar.

MAR 5 1973

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813 215 022 296

336003

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City CHESTER
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City CHESTER
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** MARY ELLEN HATHAWAY
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
6. Sex Female

5. Date of Birth of Child (Month, day, year) Dec., 15, 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** JOHN ELISHA HATHAWAY
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace North Ogden Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MARY BROWN
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Pleasant View Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Fremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63+ years of age, that I have known this person for 43 years, and that Cecilia White who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Hathaway Signature
Chester Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Odessa Mary Probate Judge Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

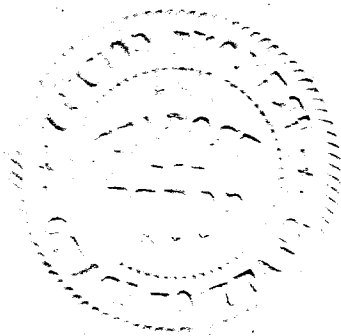
Received for filing on MAR 6 1942 by Mabel T. Cooper, Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

915-211 030-236

336116

United States **MAR 17 1942**
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336116**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lemhi (b) City Nicholia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lemhi
(c) City Nicholia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. FULL NAME OF CHILD

Terona Helen Ransom

3. RESIDENCE OF FATHER (city, state) Nicholia Idaho

5. Date of Birth of Child
(Month, day, year) Oct, 11 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Oliver Ransom
11. Color White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Nashua, N.H.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Terona Stout
17. Color White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Strasburg, Penna.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 51 years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ransom Abbott Signature
Route 4, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 19 42.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-14, Idaho Code Annotated.)

Received for filing on Mar 11 1942 Deputy Registrar Mary E. Elder

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 12 1942
State File No. 336144
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Family Residents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days Home
IN THIS county 1918 years 12 month 11 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rt. #2 Burley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address Burley, Idaho
3. RESIDENCE of FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD David Rex Burgess

5. Date of Birth
(Month, day year) Mar. 6th 1942

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME David Martin Burgess
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Rt. #2, Burley, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Viva Fern Dayley
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Basin, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 9 P.M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clara A. Dayley, who is
related to this child as Grand Mother (First name) (Last name)

26. (a) MAR 12 1942 (Date received) (b) Clara A. Dayley (Attendant's signature) (c) OWN (D.O., midwife, etc.)

27. Given name added on by (Registrar's signature) and address Rt. #1 Burley, Idaho Date 3-9-42

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, David Marti Burgess, being first duly sworn, say that I am the Father
Davis Rex Burgess (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. F. H. Cutler, who attended said birth can not and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

David Martin Burgess Signature
Rt. #1 Burley, Idaho D. O. Address
Subscribed and sworn to before me on the 9th day of March, 1942
J. C. Fink Notary Public, residing at Burley, Idaho

SEAL

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Birth of a child born prior to the effective date of the 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 129 028-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336190**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: 4 years 6 months days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. (b) County.
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Herbert Kellner

5. Date of Birth of Child # Oct 29 1918
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman J. Kellner
11. Color or Race white **12. Age at time of THIS birth** 37 yrs.
13. Birthplace Hanover Germany
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business around town

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Suter
17. Color or Race white **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Redwing Minnesota
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9 P M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by mother, who is related to this child as mother.
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Frank Wenz, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Sophia Suter Kellner Signature
819 7th Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 42
(SEAL) Eugene Best Notary Public, residing at Coeur d'Alene, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Notary Public for the State of Idaho, Commission Expires August 2, 1943)

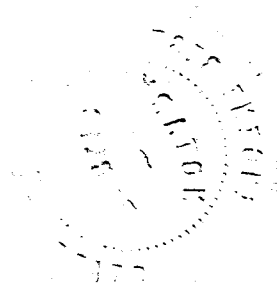
Received for filing on MAR 10 1942 by Marj F. Beck Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home:
Born at residence
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Route 1
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

5. Date of Birth of Child
(Month, day, year) Jan. 11, 1898

4. FULL NAME OF CHILD

Eva May Kimberling

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Marion Kimberling
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Ceres, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Rivers
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Stanbery, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of California
County of Los Angeles ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item '25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....62.....years of age, that I have known this person for.....44.....years, and that.....Dr. Worthington.....who attended this birth.....is now deceased.....I further state that.....(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Kimberling.....Signature
8624 - Tenth Avenue.....P. O. Address
Inglewood, California

Subscribed and sworn to before me this 11th day of March, 1942
(SEAL) My Commission Expires Oct. 28, 1943 Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) California

Received for filing on.....MAR 13 1942.....by Mary E. Egan.....Registrar.

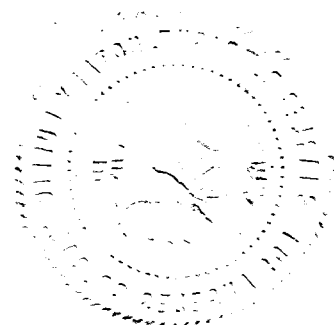
336276

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

512 216 029818
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336425
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latona (b) City Genesee
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 5 months 19 days

4. FULL NAME
OF CHILD

Lail Easterbrooks Margaret

6. Sex

female

7. Twin or
Triplet

no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9 9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Bert M Easterbrooks

11. Color
or Race

white

12. Age at time
of THIS birth 35 yrs.

13. Birthplace

Painted Post New York

14. Exact
Occupation

Plasterer

15. Industry or
Business

Contractor

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Maggie Sophronia Hayes

17. Color
or Race

white

18. Age at time
of THIS birth 29 yrs.

19. Birthplace

Sturton Oregon

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date 4
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles Phillips, who is
related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington

County of Whatcom

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4 above, that I am now 72 years of age, that I have known this person for 44 years, and that
Charles Phillips who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of March 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 13 1942

by

Mary E. B. B. B.

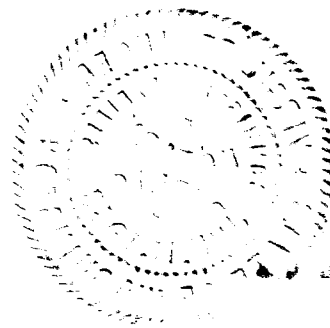
Registrar.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

853-129 039-797

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10 1942

State File No. **336338**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>New Pava</u> (b) City <u>Lapwai</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>0</u> days. In THIS county <u>10</u> years — month — days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>New Pava</u> (c) City <u>Lapwai</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. (f) Mother's mailing address <u>None</u>	
4. FULL NAME OF CHILD <u>Clarence Lloyd Hechtner</u>		5. Date of Birth <u>January 29, 1898</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd <u>—</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Fred William Hechtner</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>—</u> yrs. 13. Birthplace <u>Pike County - Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lucy Belle Piper, (Hechtner)</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child <u>—</u> (b) Born alive and now living <u>—</u> (c) Born alive and now dead <u>—</u> (d) Stillborn <u>—</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>—</u> at <u>—</u> M. on the date <u>—</u> and at the place stated above, and that personal particulars were furnished by <u>—</u> (First name) (Last name), who is related to this child as <u>Mother, etc.</u> 26. (a) <u>—</u> (Date received) (b) <u>—</u> (Registrar's signature) 27. Given name added on <u>—</u> by <u>—</u> (Registrar's signature)			
25. Attendant's OWN signature <u>—</u> M.D. <u>—</u> (D.O., Midwife, etc.) and address <u>—</u> Date <u>—</u>		AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.	
State of <u>Idaho</u> County of <u>New Pava</u> } ss. I, <u>Fred William Hechtner</u> , being first duly sworn, say that I am <u>related</u> to <u>Clarence Lloyd Hechtner</u> as <u>father</u> (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that <u>Dr. W. B. Reese</u> (Name of attendant at birth), who attended said birth <u>is now deceased</u> and that this birth has not been previously recorded. (Is now deceased (or) cannot be located) <u>Fred W. Hechtner</u> Signature <u>Lapwai, Idaho</u> P. O. Address Subscribed and sworn to before me on this <u>4th</u> day of <u>March</u> , 19 <u>42</u> (SEAL) <u>Russell W. —</u> Notary Public, residing at <u>Lapwai, Idaho</u>			

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713123 029-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336389
State File No.
Local Reg. No. 26
Reg. Dist. No. 2/8

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Latah..... (b) City... Orofino.....
(c) Street Address or R.F.D. No. Rural.....
(d) Name of Hospital or Maternity Home:
Own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 1 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho..... (b) County... Latah.....
(c) City... Orofino.....
(d) Street Address or R.F.D. No. Rural.....
(e) How long has **MOTHER** lived in Idaho? ... 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Orofino-Idaho

4. **FULL NAME OF CHILD**... Archie Grant Patchen
6. Sex Male
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) ... Jul. 23 - 1898

FATHER OF CHILD
10. **FULL NAME**... Edward Orlaski Patchen
11. Color or Race... White..... 12. Age at time of THIS birth... 55 yrs.
13. Birthplace... Ashtabula Ohio.....
(City or town) (State or foreign country)
14. Exact Occupation... Farmer
15. Industry or Business... Own farm

MOTHER OF CHILD
16. **FULL MAIDEN NAME**... Ida Jane Dickson
17. Color or Race... white..... 18. Age at time of THIS birth... 34 yrs.
19. Birthplace... Hampshire Ill......
(City or town) (State or foreign country)
20. Exact Occupation... House wife
21. Industry or Business... Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum... none
23. Number of children of this mother: (a) At time of birth and including this child... 8..... (b) Born alive and now living... 4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of... Oregon..... } ss.
County of... Douglas.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Mother.....of the person whose name appears in Item 4, above, that I am now... 77.....years of age, that I have known this person for... 44 plus... years, and that Lucy A. Dickson....., who attended this birth... Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ida Jane Dickson, Patchen Signature
Drain, Oregon P. O. Address

Subscribed and sworn to before me this... 5 day of... March 19... 42
(SEAL) John E. Allegre Notary Public, residing at... Drain, Ore

(Note: Perjury is a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES MAY 20, 1945, 3/6 1942 by... V. A. Shaw Registrar.
Received for filing on...

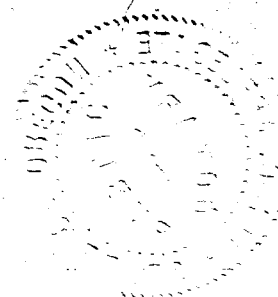
MAR 18 1912

JAN 24 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295122 035-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336393**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Effie
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at family residence
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Effie
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** Elnor Leulis King
7. Twin or Triplet X If so - born 1st, 2nd, 3rd
8. No. months of Pregnancy 9mo
9. Legitimate? yes

3. **RESIDENCE OF FATHER** (city, state) Effie Idaho
5. Date of Birth of Child (Month, day, year) Sept 22-1948

FATHER OF CHILD
10. **FULL NAME** William Herman King
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ontario (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business X

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Doris King
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Effie Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum none known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington County of Whitman ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 7 1/2 years of age, that I have known this person for 4 1/2 years, and that Dr. Carstgle who attended this birth can not be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Herman King Signature
P. O. Address

Subscribed and sworn to before me this 7 day of March, 1948
(SEAL) John J. Keenan Notary Public, residing at Leatale
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

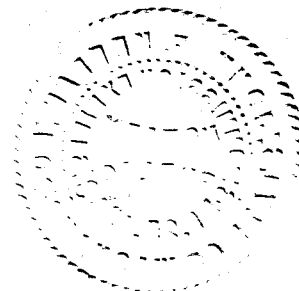
Received for filing on MAR 9 1942 by Mabel Butler Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-108-022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336412
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>FREEMONT</u> (b) City <u>Howe</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>BORN AT HOME</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Howe</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Earl Coffin</u>		3. RESIDENCE OF FATHER (city, state) <u>Howe, Idaho</u> 5. Date of Birth of Child, (Month, day, year) <u>Mar. 8th 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Frank Coffin</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>MARSH VALLEY IDAHO</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Cattle ranching</u> 15. Industry or Business " "		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lovisa Matilda Thornton</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Smithfield Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business " "	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of ALBERTA } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of CANADA }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that I who attended this birth deceased. I further state that (First name) Jennie Holley (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28 day of February, 1942
(SEAL) Lovisa Matilda Thornton Coffin Signature
Sterling Alberta Canada P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Sterling

Received for filing on MAR 12 1942 by Marl E. Keifer Registrar.

MAR 18 1942

NOV 20 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-128 010-613
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH 336580
STATE OF IDAHO

State File No. **336543**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Bonnerville (b) City Idaho Falls

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county 15 years — month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Bonnerville

(c) City Idaho Falls

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 47 yrs.

(f) Mother's mailing address: _____

4. FULL NAME OF CHILD

Norman William Keefer

5. Date of Birth

(Month, day, year) Aug. 28, 1898

6. Sex Male

7. Twin or Triplet

If so — born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Elmer Elsworth Keefer

16. FULL MAIDEN NAME

Mattie Elizabeth Watson

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

13. Birthplace Harrisburg, Pennsylvania

(City or town)

(State or foreign country)

19. Birthplace Salina, Kansas

(City or town)

(State or foreign country)

14. Exact Occupation Miller

20. Exact Occupation

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child who was _____ at _____ M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) Mar 20, 1942 (Mother's etc.)

(Date received)

(b) M. Keefer

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address

Date

State of Idaho

County of Ada

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nina A. Johns

being duly sworn, say that I am related to

(Related to (or) acquainted with)

Norman William Keefer

as

sister

whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that unknown, who attended

(Name of attendant at birth)

said birth _____ and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Nina A. Johns

Signature

206 Wyhee Blvd., Boise, Idaho

P.O. Address

Subscribed and sworn to before me on this 20th day of March, 1942.

(SEAL)

Margaret Clark

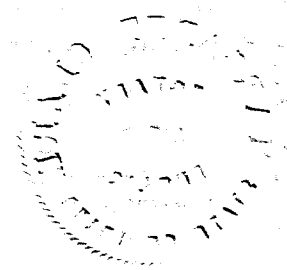
Notary Public, residing at Boise, Idaho

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child has not been reported to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has been reported subsequent to such date, such report may be received and recorded by the local registrar for record in the Bureau of Vital Statistics in the manner and uses prescribed in Chapter 2, Title 38, Idaho Code, when such report is accompanied by a certificate of the physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living, by the affidavit of the nearest of kin or guardian, or some person having knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-223-030 869
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336566
State File No. 336566
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home
(e) Mother's stay BEFORE delivery: On the Farm
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

4. FULL NAME OF CHILD

Orora Kernes

5. Date of Birth of Child

(Month, day, year) Feb 27, 1898

6. Sex

female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

- 10. FULL NAME** Francois Douglas Kernes
11. Color white **12. Age at time of THIS birth** 37 yrs.
13. Birthplace Hamilton, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farming and Cattle
15. Industry or Business raising

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Ellen Horn
17. Color white **18. Age at time of THIS birth** 36 yrs.
19. Birthplace La Crosse, Wis.
(City or town) (State or foreign country)
20. Exact Occupation Help mother on Farm
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lyso

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Idaho } ss.
County of Lemhi

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 44 years, and that

man (First name) H. O. L. (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Kernes Robinson Signature

P. O. Address

Subscribed and sworn to before me this 14th day of March, 19 42

(SEAL)

Vera Thompson Notary Public, residing at May

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary E. Eder Registrar.

WAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-103-022-355

356583

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Spencer (b) City Spencer
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 29 years months days

4. FULL NAME OF CHILD Ivan Allan Barney

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Peter Barney
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Horsens Denmark
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Industry

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Spencer
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Horsens Denmark

5. Date of Birth of Child
(Month, day, year) June 3 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Lee
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Idaho City Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Three A. M. on the date March 14 1945 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alice Barney, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bingham } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Alice Barney, who attended this birth..... (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commissioner of Health April 12 1945 65382 Gabonuria Bell, Calif. Signature P. O. Address

Subscribed and sworn to before me this 14 day of March 19 45
(SEAL) Segundo L. Stewart Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mabel Holden Registrar.

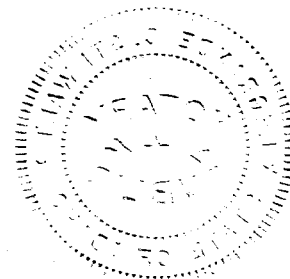
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MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

715 104 041 753

United States

Department of Commerce

Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 16 1942

336611

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Teton (b) City Darby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Teton
(c) City Darby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Idaho Falls R 5

3. RESIDENCE of FATHER (city, state) deceased.

4. FULL NAME OF CHILD

George C. Gjettrup

5. Date of Birth

(Month, day year) March 4, 1898

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Carl Martin Gjettrup

11. Color or Race white 12. Age at time of THIS birth 39 yrs.

13. Birthplace Denmark
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Caroline Peterson

17. Color or Race white 18. Age at time of THIS birth 34 yrs.

19. Birthplace Denmark
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

26. (a) (b) Shelley Peterson
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address Date

State of Idaho } ss.
County of Bingham

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jesse Gjettrup, being first duly sworn, say that I am related
George C. Gjettrup as brother
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Caroline Peterson, who attended said birth (grand-mother) is dead and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of March 1942.
(SEAL) Shelley Peterson

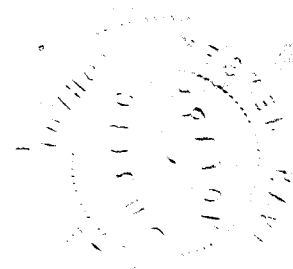
Signature Jesse Gjettrup
P. O. Address Shelley, Idaho, RFD 1
Notary Public, residing at Shelley, Idaho

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336621**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Cyril Eugene Hopkins
5. Date of Birth of Child
(Month, day, year) Mar. 14, 1898
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Robert Hopkins
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Store Keeper
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice H. Stoddard
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for born years, and that Dr. Lewis who attended this birth Cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice H. Hopkins Signature
Long Beach, California P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942
(SEAL) Herne C. Roosevelt Notary Public, residing at 747 New York St. Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary E. Keefe, Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367 112-035-751

MAR 13 1942

336648

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County NEZ Perce (b) City Lewiston
(c) Street Address or R.F.D. No. ON 12th St.
(d) Name of Hospital or Maternity Home: AT Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No days.
IN THIS county 3 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 12th St.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address: Lewiston

3. RESIDENCE of FATHER (city, state) Lewiston

4. FULL NAME OF CHILD Rodney Robert Cox

5. Date of Birth
(Month, day year) April 12, 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bert J. Cox
11. Color or Race White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Walla Walla, Wash.
(City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Furniture

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Fina Pearson
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Umatilla County, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Attended school
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)

26. (a) (Date received) (b) Mahon (Mother, etc.) (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Mrs. Ora Fina McMahon, being first duly sworn, say that I am related to
Rodney Robert Cox as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Forgotten (Name of attendant at birth), who attended
said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

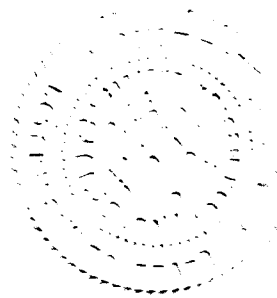
Subscribed and sworn to before me on this 12th day of March, 1942.
(SEAL) Mrs. Ora Fina McMahon Signature
1121 17th Ave., Seattle, Wash. P. O. Address
Notary Public, residing at Seattle

MAR 20 1921

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-104044-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336652**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Wenatchee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD Osmer Lewis Roberts

7. Twin or Triplet If so born 1st, 2nd, 3rd

6. Sex male

FATHER OF CHILD

10. FULL NAME Peter Eric Roberts

11. Color or Race white 12. Age at time of THIS birth 33 yrs.

13. Birthplace Marquette Michigan
(City or town) (State or foreign country)

14. Exact Occupation Shoe Livery & Feed Business

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Wenatchee
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Wenatchee Idaho

5. Date of Birth of Child (Month, day, year) June 4 1898

8. No. months of Pregnancy 9 9. Legitimate? x

MOTHER OF CHILD

16. FULL MAIDEN NAME Linn Margaret Jensen

17. Color or Race white 18. Age at time of THIS birth 31 yrs.

19. Birthplace Omaha Nebraska
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10: A. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature Margaret E. Daughton M.D. Midwife

Address Wenatchee Date 3/11-42

State of..... ss. County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

(First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by John J. Keefe Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-108-029-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336685**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

4. FULL NAME OF CHILD Lester Dewey Lynd

3. RESIDENCE OF FATHER (city, state) Potlatch Ida.
5. Date of Birth of Child
(Month, day, year) Dec. 8, 1898

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Samuel Lynd
11. Color white **12. Age at time of THIS birth** 42 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Ellen Bolin
17. Color white **18. Age at time of THIS birth** 33 yrs.
19. Birthplace Bond Co. Ill.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ellen (Bolin) Lynd, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Oregon M.D. Freewater, Ore Address Date Mar. 13, '42
State of Unatilla County of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that
(First name) (Last name) who attended this birth is deceased I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Lynd Signature
Freewater, Ore P. O. Address
Subscribed and sworn to before me this 13 day of March, 19 42
(SEAL) M. E. Blackler Notary Public, residing at Freewater, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 6-9-42

Received for filing on MAR 17 1942 by Mar 17 1942 Registrar.

LIBRARY 2 0 10 10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

265-720-007. 795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336703
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD

Carl Joseph Sonleitner

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Hailey Idaho
5. Date of Birth of Child (Month, day, year) May 28th 1898

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Sonleitner
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Stemburg Germany
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Catharine M. Brewish
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Milwaukee, Wis.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Blaine

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that Mary Case who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of March, 1942.
(SEAL) R. J. McCoy Notary Public, residing at Hailey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Catharine J. Sonleitner
P. O. Address Hailey Idaho

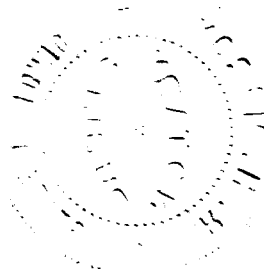
Received for filing on MAR 18 1942 by Harold E. Egan Registrar.

MAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-125-003-515
MAR 21 1942

336811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336811**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Dempsey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Dempsey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 87 yrs.

3. RESIDENCE OF FATHER (city, state) Dempsey, Ida

5. Date of Birth of Child
(Month, day, year) Apr. 25, 1898

4. FULL NAME OF CHILD

James Henry Butterfield

6. Sex M

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Hosey Butterfield
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Oxford, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Van Leuven
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Richfield, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Life years, and that Martha Butterfield, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Butterfield Sherwood
Idaho Falls, Idaho, W. 17th P. O. Address

Subscribed and sworn to before me this.....day of March, 1942
(SEAL) [Signature]

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 21 1942 by Mary Elder, Registrar.

APR 17 1963

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



794 103-001-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336841**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days

4. FULL NAME OF CHILD Eldred Martin Pruitt

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Moses Elmer Pruitt
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Pierce City, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho
5. Date of Birth of Child (Month, day, year) Nov. 3 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elliott
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Baker, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho California ss.
County of Ada Yuba

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 76 years of age, that I have known this person for 43 years, and that

Stella Shores (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of March, 1942
(SEAL) Raymond Bell Notary Public, residing at 1815 Woodland, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Marj Tucker Registrar.

APR 18 1966

MAN 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281122 029-367

MAR 13 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **336919**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Idaho (b) City near Twin Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 10 years approx. months _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. same
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Dewey Reed Shadduck
5. Date of Birth (Month, day, year) Dec. 22, 1898
6. Sex Male 7. Twin or one If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME E. Leaming Shadduck
11. Color White 12. Age at time of THIS birth approx. 40 yrs.
13. Birthplace Idaho (City or town) _____ (State or foreign country) _____
14. Exact Occupation Farmer
15. Industry or Business _____
16. FULL MAIDEN NAME Lula Bell Shadduck
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Idaho (City or town) _____ (State or foreign country) _____
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None used
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Lula Bell Shadduck, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

26. (a) _____ (Date received) (b) Mary Wheeler (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature Edward Preussel M.D. (D.O., Midwife, etc.)
and address Colfax Wn. Date March 9-42

State of Washington } ss.
County of Whitman

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____
P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

MAR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-122016-439

336972

336972

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
MAR 23 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336972
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) RFD Oakley
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin (via Oakley)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Basin, Idaho

4. FULL NAME OF CHILD George Washington Fairchild
5. Date of Birth of Child (Month, day, year) 22 Feb. 1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John H. Fairchild
11. Color Wh. 12. Age at time of THIS birth 31 yrs.
13. Birthplace Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Louisa Anna McIntosh
17. Color Wh. 18. Age at time of THIS birth 27 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)
25. Attendant's OWN signature M.D. Dr. E. P. Oldham- now deceased Address Date
Midwife

State of Idaho County of Cassia ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Dr. E. P. Oldham who attended this birth is dead now I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Anna McIntosh Fairchild Signature
Oakley, Idaho RFD#1 P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942
(SEAL) Harry W. Tucker Notary Public, residing at Burley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary E. Eder Registrar.

MAR 23 1942

JAN 17 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-105 014 685

332007

337007

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: James Wright
(e) Mother's stay BEFORE delivery:
IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 5, 1898

4. FULL NAME OF CHILD

Robert S. Wright

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 3/4 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James M. Wright
11. Color white 12. Age at time of THIS birth ... yrs.
13. Birthplace U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Operated Ferry Boat
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Maude Wheeler
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Date

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 73 years, and that Lucie Della Wheeler, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or ~~cannot be located~~

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucie Della Wheeler Signature
Wilder Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942
(SEAL) [Signature] Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Maud Elder, Registrar.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **337920**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Shoshone** (b) City **Wallace**
(c) Street Address or R.F.D. No. **718 Bank Street**
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Shoshone**
(c) City **Wallace**
(d) Street Address or R.F.D. No. **718 Bank Street**
(e) How long has MOTHER lived in Idaho? **14** yrs.

3. RESIDENCE OF FATHER (city, state) **Wallace, Idaho**

5. Date of Birth of Child
(Month, day, year) **Aug. 20, 1898**

4. FULL NAME OF CHILD

Raymond Kenneth Murphy

6. Sex **Male**

7. Twin or
Triplet **-**

If so—born
1st, 2nd, 3rd **-**

8. No. months
of Pregnancy

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Joseph A. Murphy**

11. Color **white** 12. Age at time
or Race of THIS birth **23** yrs.
13. Birthplace **Gold Hill Nevada**
(City or town) (State or foreign country)

14. Exact Occupation **Clerk**
15. Industry or Business **Grocery**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Josephine M. Stinson**

17. Color **white** 18. Age at time
or Race of THIS birth **19** yrs.
19. Birthplace **Cresco Iowa**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **0**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of **California** }
County of **Los Angeles** } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears
in Item 4, above, that I am now **67** years of age, that I have known this person for **44** years, and that

Dr. Stone who attended this birth **is now deceased** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Joseph A. Murphy Signature
418 1/2 LaSalle Ave Culver City Calif. P. O. Address

Subscribed and sworn to before me this **17** day of **March**, 19 **42**

(SEAL)

James J. Davidson Notary Public, residing at **Los Angeles Calif**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires **May 28, 1944**

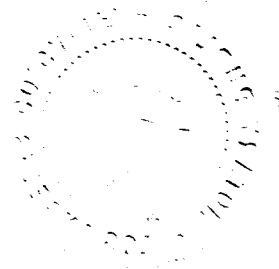
Received for filing on **MAR 19 1942** by **Marj T. [Signature]** Registrar.

MAR 25 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



244-212-006-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

337967
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Unknown
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

4. **FULL NAME OF CHILD** Dorothy Ramona Bumgarner

5. **Date of Birth of Child**
(Month, day, year) April-12-1898

6. Sex Female 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Ellis Bumgarner
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace North Carolina
(City or town) (State or foreign country)
14. Exact Occupation Farm Supervisor State Hosp
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lida M. McPherson
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Athens Ohio
(City or town) (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 44 years, and that Dr. John W. Givens, who attended this birth Is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Raymond H. Finney Signature
1310 N. 5th Boise Idaho P. O. Address

Subscribed and sworn to before E. B. Smith day of May 1942
(SEAL) Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotations.)

Received for filing on MAR 19 1942 by Mary H. Fisher Registrar.

JAN 12 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States **MAR 25 1942**
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **338017**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

- (a) County Blaine (b) City Stanton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none

- (e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days
IN THIS county _____ years _____ month _____ days at home

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Stanton, Idaho

3. RESIDENCE of FATHER (city, state)

Stanton, Idaho

4. FULL NAME OF CHILD

Benton Alphonsis Uhrig

5. Date of Birth

(Month, day, year) 1/29/98

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

William Henry Uhrig

11. Color or Race

White

12. Age at time of THIS birth

36 yrs.

13. Birthplace

Peotone, Illinois
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice Elizabeth Howle

17. Color or Race

White

18. Age at time of THIS birth

31 yrs.

19. Birthplace

Madara, Indiana
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child

3 (b) Born alive and now living 6

(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 25 1942 (Date received) (Mother, etc.) Maude E. Eder (Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on _____ by _____ (Registrar's signature)

and address

(D.O., Midwife, etc.)
Date

State of Idaho
County of Blaine

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Wm. H. Uhrig, being first duly sworn, say that I am related to Benton Alphonsis Uhrig as father (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ahlquist (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Maude E. Eder Signature

Gannett, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of May, 1941

(SEAL)

Joseph W. Gule

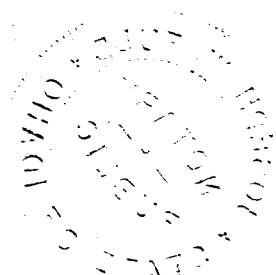
Notary Public, residing at Hailey, Idaho

MAR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



246-111-253

33 8025

338025

United States
Department of Commerce
Bureau of the Census

MAR 25 1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1620 N. 12th
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1620 N. 12th
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Alfred Raymond Buffington

5. Date of Birth of Child

(Month, day, year) Nov 11, 1898

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

William Howard Buffington

11. Color

White

12. Age at time of THIS birth 3.5 yrs.

13. Birthplace

Council Bluffs, Iowa
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sara Jane Kelley

17. Color

White

18. Age at time of THIS birth 29 yrs.

19. Birthplace

Council Bluffs, Iowa
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....

(Born alive, stillborn)

and at the place stated above.....and that personal particulars were furnished by Jessie Brown, who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Ada

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

Jessie Brown who attended this birth.....I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Subscribed and sworn to before me this 25th day of March, 1942

(SEAL)

Arthur S. Higgins

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 25 1942

by

Mary E. Edgar

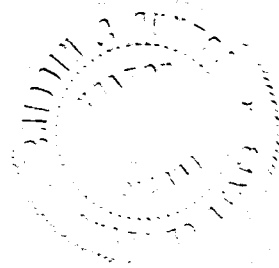
Registrar.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

MAR 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338074
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Little Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At grandmother's home, Little Basin
(e) Mother's stay BEFORE delivery:
IN THIS county 21 years 2 months 21 days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Little Basin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emory James Roberts
5. Date of Birth of Child (Month, day, year) Dec. 24, 1898
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME Wesley Warner Roberts
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Walla Walla, Wash
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
- MOTHER OF CHILD
16. FULL MAIDEN NAME Lenora May Cooper
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Montana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9 P.M. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Viola Smidt, who is related to this child as sister
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature Viola Smidt M.D. No attending physician
Midwife Address Date

State of Idaho County of Ada ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 44 years, and that Julia A. Cooper, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Smidt Signature
P. O. Address

Subscribed and sworn to before me this 27th day of March, 1942
(SEAL) Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Marj E. Eldin, Registrar.

APR 24 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss. Certificate No. 338074
Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Emory James Roberts who was born on Dec. 24, 1898
(NAME ON ORIGINAL CERTIFICATE) (WAS BORN OR DIED) (DATE OF EVENT)
in Little Basin, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by memory of older sister prepared on _____, are:
(BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE)

FACTS TO BE CORRECTED
("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)

FROM
(AS ON ORIGINAL)

TO
(THE CORRECT FACTS)

Year of birth

1898

1896

Subscribed and sworn to before me this 29th
day of September, 19 42.

Signed

Viola Smith
older sister

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mary B. Edwards
Notary Public, residing at Boise, Idaho.

My commission expires November 6, 1944.
(SEAL)

2517 Pleasanton, Boise, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED.
(SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of September, 19 42.

Signed

Essie Casper

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Mary B. Edwards
Notary Public, residing at Boise, Idaho.

My commission expires November 6, 1944.
(SEAL)

Signed

Simon W. Coynes

(STREET ADDRESS, CITY, STATE)

405 Broad, Boise, Idaho.

Received for filing on _____ By _____

(REGISTRAR'S SIGNATURE)

SEP 29 1942

453-104-001-766

338078

338078

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 27 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Meridian</u> (c) Street Address or R.F.D. No. <u>City</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years — months — days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Meridian</u> (d) Street Address or R.F.D. No. <u>City</u> (e) How long has MOTHER lived in Idaho? <u>27</u> yrs	
4. FULL NAME OF CHILD <u>William Harvey Beck</u>		5. Date of Birth of Child (Month, day, year) <u>May 9, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>1st so—born</u> 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Renzi Beck</u> 11. Color or Race <u>American</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Athens, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Oliver Myrtle Parker</u> 17. Color or Race <u>American</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Jamersville, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....

State of Idaho County of Campan } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 1, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth.....I further state that.....
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature.....
 P. O. Address.....
 Subscribed and sworn to before me this 27 day of March, 1942
 (SEAL).....Notary Public, residing at Nampa, Ida.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mabel Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States **MAR 30 1942** (Be sure the information is as of date of birth of THIS child) State File No. **338089**
 Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Boise, Ida.</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>George Russell Johnston</u>		5. Date of Birth of Child (Month, day, year) <u>2/22/1942</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Washington Johnston</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>49</u> yrs. 13. Birthplace (City or town) <u>Idaho</u> (State or foreign country) 14. Exact Occupation <u>Farmer & Miner</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Larriek Bell Shelton</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] **M.D.** **Midwife** **Address** **Date**
 State of Idaho County of Boise } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that Marion Garman, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Delmar Johnston Signature
Idaho P. O. Address
 Subscribed and sworn to before me this 4th day of March, 1942
 (SEAL) [Signature] Notary Public, residing at Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

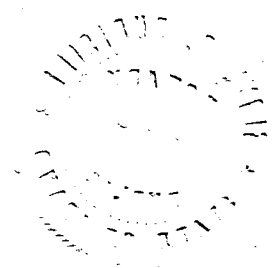
Received for filing on **MAR 30 1942** by Mary Elder Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

338177

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Shattuck St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 14 months days

4. FULL NAME OF CHILD

Frederick Charles Kuck

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Frederick William Kuck
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Rockford, Iowa, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Shattuck St.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

5. Date of Birth of Child
(Month, day, year) May 12, 1898

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ella Sheldon
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Ogden, Utah, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....1 (b) Born alive and now living.....1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of.....Idaho ss.
County of.....Alamogordo

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....63.....years of age, that I have known this person for.....44.....years, and that.....Mrs. John Eton....., who attended this birth.....Is now deceased..... I further state that.....John Eton..... (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....6th day of.....March....., 1942

(SEAL)

Lillian Bennett

Notary Public, residing at Oakland,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

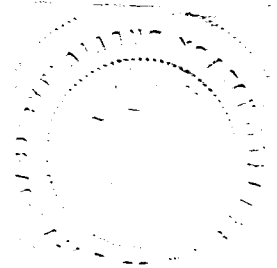
Received for filing on.....MAR 11 1942.....by.....Mary E. Leard....., Registrar.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

338223

264-217-225-866

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Grangeville, Idaho

3. RESIDENCE of FATHER (city, state) Grangeville, Idaho

4. FULL NAME OF CHILD Gladys Grace Soderburg
5. Date of Birth (Month, day year) Oct. 17, 1898

6. Sex female 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Olof Peter Soderburg
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Gvanoker, Sweden
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Grace Howard
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Jefferson County Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead - (d) Stillborn -

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) MAR 2 1942 (Date received) 1942 (b) M. E. Eder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Idaho

I, Olof Peter Soderburg, being first duly sworn, say that I am related to
Gladys Grace Soderburg as father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Milton Cambridge who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

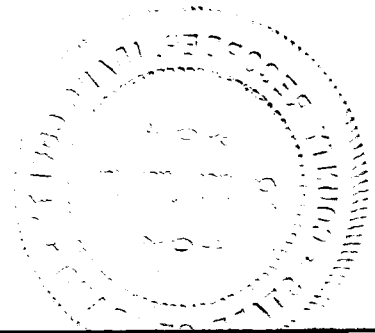
Olof Peter Soderburg Signature
Grangeville, Idaho P. O. Address
Subscribed and sworn to before me on this 10 day of November, 1941
(SEAL) Henry Eder County Recorder, residing at Grangeville Idaho

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-116-038-638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338249**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County PAYETTE (b) City PAYETTE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD TRUMAN LESLIE FORD

5. Date of Birth of Child
(Month, day, year) 11-16-1898

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME ALMON FORD
11. Color or Race WHITE **12. Age at time of THIS birth** 44 yrs.
13. Birthplace WISCONSIN
(City or town) (State or foreign country)
14. Exact Occupation Teacher + CARPENTER
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME LEILA V. FLY
17. Color or Race WHITE **18. Age at time of THIS birth** yrs.
19. Birthplace OKLAHOMA Territory
(City or town) (State or foreign country)
20. Exact Occupation Hose wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3:00 P. M. on the date 3 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Oregon **M.D.** **Midwife** **Address** **Date**
Lane ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 43 5/12 years, and that the midwife, who attended this birth is unknown. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul Ford Signature
Route #4, Eugene, Oregon. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942.
(SEAL) Paradise Wells Notary Public, residing at Eugene, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. exp. 8-25-1944

Received for filing on MAR 20 1942 by Marl E. Nelson Registrar.

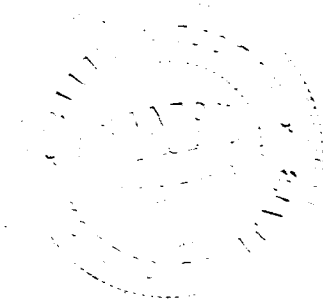
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MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-105-001-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338256**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... **Ada** (b) City... **Boise**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **H.M.C. Birth**
(e) Mother's stay BEFORE delivery:
IN THIS county years **7** months **3** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Ada**
(c) City **Boise**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **9** yrs.
3. RESIDENCE OF FATHER (city, state) **Boise, Idaho**

4. FULL NAME OF CHILD **Walter Lee Bliss**
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **Fred Arthur Bliss**
11. Color or Race **White** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **Unknown Michigan**
(City or town) (State or foreign country)
14. Exact Occupation **Blacksmith**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **MARY FRANCIS JONES**
17. Color or Race **White** 18. Age at time of THIS birth **26** yrs.
19. Birthplace **Prerail Oregon**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born **born alive** at **10** A.M. on the date and at the place stated above, and that personal particulars were furnished by **Aunt Jones**, who is related to this child as **aunt** (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Oregon** County of **Klamath** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **aunt** of the person whose name appears in Item 4, above, that I am now **57** years of age, that I have known this person for **43 yrs 11 Mo.** years, and that **Springer**, who attended this birth **cannot be located** further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES MAY 16, 1942.
Subscribed and sworn to before me this **13** day of **March**, 1942.
(SEAL) **Howard Bankins**

Rose Doyle Signature
Route 1, Box 1807, Klamath Falls, Oregon P. O. Address
Notary Public, residing at **Klamath Falls, Ore**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 20 1942** by **Mary E. Keifer**, Registrar.

MAY 26 1992

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338268**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery: 1 day or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address: Black Bear Idaho

3. RESIDENCE of FATHER (city, state) Black Bear Idaho

4. FULL NAME OF CHILD Rose Caroline Peila

5. Date of Birth (Month, day year) Dec. 7, 1942

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Joseph Peila
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Pinoncello
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) MAR 23 1942 (b) Maril Peila 25. Attendant's OWN signature: M.D. (Date received) (Registrar's signature) and address Date (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature) and address Date

State of Washington } ss.
County of Spokane }
I, Henrietta Caro, being first duly sworn, say that I am friend of Rose Caroline Corvi as friend, and knew her mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) before whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stone (Name of attendant at birth) who attended said birth was also our family doctor and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Signature Henrietta Caro
2625 E. Harrison, Spokane, Washington P. O. Address
Subscribed and sworn to before me on this 12th day of March, 19 42
(SEAL) Idaho Notary Public, residing at Spokane, Wash.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

767-1191022-693

338279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Teton City</u> (c) Street Address or R.F.D. No. <u> </u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u> </u> (b) County <u> </u> (c) City <u> </u> (d) Street Address or R.F.D. No. <u> </u> (e) How long has MOTHER lived in Idaho? <u> </u> yrs. 3. RESIDENCE OF FATHER (city, state) <u> </u> 5. Date of Birth of Child (Month, day, year) <u>June 19, 1898</u> 8. No. months of Pregnancy <u>9 mo.</u> Legitimate? <u>yes</u>	
4. FULL NAME OF CHILD <u>Ulrich Franklin Pogge</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>---</u> 6. Sex <u>male</u>		FATHER OF CHILD 10. FULL NAME <u>Ulrich C. Pogge</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Semlow, Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>---</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Lavina Williams</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Cokeville, Wyoming</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>---</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
 Midwife

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Mary Sorenson (Midwife), who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary L. Pogge Signature
Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of March, 1942
 (SEAL) John M. Venable Notary Public, residing at Idaho Falls, Ida.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary L. Pogge Registrar.

WAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-112007-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338293**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH All items at time of this birth
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

4. FULL NAME OF CHILD Samuel James Bradford

5. Date of Birth of Child
(Month, day, year) Feb. 12-1892

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh Bradford
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Belfast, Ireland
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Wallace
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Gold, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO County of BLAINE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 44 years, and that Mr. Geo. Smith who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sam Bradford Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of March, 1942
(SEAL) Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mary E. Lifer Registrar.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

338359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County PAYETTE (b) City PAYETTE
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County PAYETTE
(c) City PAYETTE
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.

4. **FULL NAME OF CHILD** FRANK MILLER

3. **RESIDENCE OF FATHER** (city, state) IDAHO
5. Date of Birth of Child
(Month, day, year) JULY 9 1898

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** ANDREW MILLER
11. Color WHITE 12. Age at time of THIS birth..... yrs.
13. Birthplace ST. JOSEPH MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MARGARET ELIZA KEELE
17. Color WHITE 18. Age at time of THIS birth 25 yrs.
19. Birthplace ST. JOSEPH MISSOURI
(City or town) (State or foreign country)
20. Exact Occupation FARMING
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature JSA M.D. Midwife Address Date

State of..... County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that LYDIA KEELE, who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

My Commission Expires June 11, 1943.

Subscribed and sworn to before me this 17th day of MARCH, 1942
(SEAL) 6 M. Shriver Signature Andrew Miller P. O. Address North Bend, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

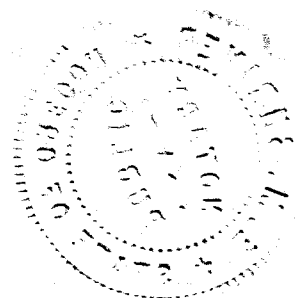
Received for filing on MAR 20 1942 by [Signature] Registrar.

NOV 28 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-126014-819

338362

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No. 783

STATE OF IDAHO

MAR 21 1942

Reg. Dist. No. 362

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Council

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: None

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington(c) City Council

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 64 yrs.3. RESIDENCE OF FATHER (city, state) Deceased

5. Date of Birth of Child

(Month, day, year) July 26th 1898

4. FULL NAME OF CHILD

Charles Winkler6. Sex Male

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 99. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Maddux Winkler11. Color White 12. Age at time of THIS birth 42 yrs.13. Birthplace Sandyville, West Virginia

(City or town)

(State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Ibuesu Harp17. Color White 18. Age at time of THIS birth 36 yrs.19. Birthplace Berryville, Arkansas

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as

(Mother, etc.)

(First name)

(Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 43 years, and thatNancy Clark (First name) (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Winkler Signature
Council, Adams County, Idaho. P. O. AddressSubscribed and sworn to before me this 18 day of March, 19 42

(SEAL)

EstelinaNotary Public, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on 3/17/42 by Alvin Hunter Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

WMA 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-220-009-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338538**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonniers (b) City Sandpoint
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonniers
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) May 20, 1898

4. FULL NAME

OF CHILD Talata Angeline Wilcox

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Thomas Wilcox
11. Color White 12. Age at time
or Race White of THIS birth 35 yrs.
13. Birthplace Wood County Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Christana Mickelsen
17. Color White 18. Age at time
or Race White of THIS birth 25 yrs.
19. Birthplace Colfax County Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles T. Wilcox, who is
related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears
in Item 4, above, that I am now 78 years of age, that I have known this person for all life years, and that
no physician who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19 day of March, 19 42

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Charles T. Wilcox Signature
3820-7-1/2 Washington, Spokane, Wash. P. O. Address

Wm. J. Peterson Notary Public, residing at Spokane, Wn.

Received for filing on

MAR 21 1942

by

Marj E. Peterson Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Mrs. Zink

384-219.044-259

338544

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Brannan
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 22 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Fay Lydston
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charles Sylvester
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Brannan County Texas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence Milton Keithly
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Sullivan County Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3..... (b) Born alive and now living 6.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature Mary Barntish-deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Mary Barntish (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Milton Lydston Mrs. C. W. C. Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 21st day of March 1942.
(SEAL) [Signature] Notary Public, residing at Midvale Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

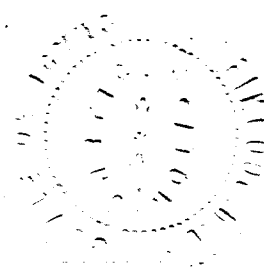
Received for filing on MAR 24 1942 by [Signature] Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356-126-001-515

338554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 504 Jefferson St
(d) Name of Hospital or Maternity Home Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 504 Jefferson St
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

5. Date of Birth of Child
(Month, day, year) Nov-26-1898

4. FULL NAME OF CHILD George Kent Lewis

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Karl Lewis
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Tampa Fla
(City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernadia Ann Vail Winkler
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Idaho City Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Mrs Reube Robbins who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

13/30-94 George E K Lewis Signature
 O. Address
Subscribed and sworn to before me this day of March, 1942
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary E. Fisher Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-105-614-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

338573
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City ampa
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:

IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City ampa
(d) Street Address or R.F.D. No. Farm
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Dowey Walter Barnard

5. Date of Birth of Child
(Month, day, year) 6/5/1898

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Ransom Barnard
11. Color White 12. Age at time
or Race of THIS birth 31 yrs.
13. Birthplace Bingham City Utah
(City or town) (State or foreign country)
14. Exact Occupation R.R. Carman, O.S.L. R.R.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Munden
17. Color White 18. Age at time
or Race of THIS birth 21 yrs.
19. Birthplace Hendricks County, Indiana
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that my Mother who attended this birth is now deceased. I further state that the statements on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937, Idaho Laws.

Joseph Ransom Barnard Signature
50 South Bonnie Brae, Los Angeles P. O. Address

Subscribed and sworn to before me this 21st day of March, 1942.

(SEAL)

Beatrice M. Thompson

Notary Public, residing at 416 S. Grand Ave.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles, Calif.

Received for filing on FEB 17 1942 by Marjorie Registrar.

MAR 30 1947

APR 18 1977

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-18-006-249

United States (Be sure the information is as of date of birth of THIS child) State File No. **338577**
Department of Commerce
Bureau of Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Bingham</u> (b) City <u>Victor</u> (c) Street Address or R.F.D. No. <u>Chapin Route</u> (d) Name of Hospital or Maternity Home <u>at residence</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>10</u> years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Victor</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. (f) Mother's mailing address <u>Victor, Idaho</u>	
4. FULL NAME OF CHILD <u>James William Stone</u>		5. Date of Birth (Month, day year) <u>March 18, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Fredrick Stone</u>		16. FULL MAIDEN NAME <u>Bessie Smith</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>18</u> yrs.	
13. Birthplace <u>Cedar Fork, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Camp Logan, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Carpenter</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) _____ (Mother, etc.)
(Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
and address _____ Date _____

State of Idaho } ss.
County of Bingham

I, Bessie Stone, being first duly sworn, say that I am Related to
James William Stone as mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Woodburn, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of March, 1942
(SEAL) Clifford Dume Deputy County Recorder
Signature Bessie Stone
P. O. Address Driggs Idaho
2nd County

MAY 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

383-210-029-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

338638

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Latah</u> (b) City <u>Near Kendrick</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. days. In THIS county. <u>13</u> years. months. days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Near Kendrick</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>13</u> yrs. (f) Mother's mailing address. <u>Capitol Bldg.</u> 3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	
4. FULL NAME OF CHILD <u>Mary Viola Tyler</u>		5. Date of Birth (Month, day, year) <u>Oct 10-1898</u>	
6. Sex <u>Girl</u> Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Harry A. Tyler</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>Townsend Mass.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Rented Farm.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ethel May Benscoter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> years 19. Birthplace <u>Isabella Co Michigan</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>on own home.</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Argyrol, if any thing, but know.</u>			
23. Number of children of this mother: (a) At time of birth and including this child. <u>1</u> (b) Born alive and now living. <u>1</u> (c) Born alive and now dead <u>none</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.) (First name) (Last name) MAR 23 1942 (Date received) <u>Mary Tyler</u> (Registrar's signature) 26. (a) 25. Attendant's OWN signature M.D. or (Date received) (Name of attendant at birth) (D.O., Midwife, etc.) 27. Given name added on by and address (Registrar's signature) Date			

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Viola Tyler, being first duly sworn, say that I am Related to Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Benjamin Kelley, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16th day of March 1942

(SEAL)

Notary Public, residing at Spokane

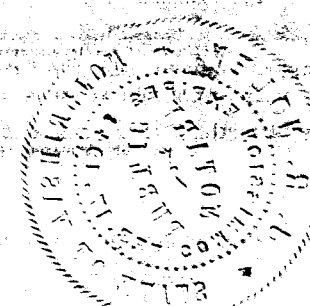
0330
State File No.
Local Rec. No.
MAR 30 1942

THE STATE OF IDAHO
CERTIFICATE OF BIRTH

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises:



294-116-D 32-294

338656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida.

5. Date of Birth of Child
(Month, day, year) January, 16, '98

4. FULL NAME OF CHILD John L. Sims

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John A. Sims
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Dixie, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma V. Sims
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Cawker, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for life years, and that

Mrs. Mary Sims (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma V. Sims Signature
Shoshone Idaho P. O. Address

Subscribed and sworn to before me this 23d day of March, 19 42.
(SEAL) Charles E. Williams Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

PROBATE JUDGE OF LINCOLN COUNTY, IDAHO

Received for filing on MAR 24 1942 by Mary Sims Registrar.

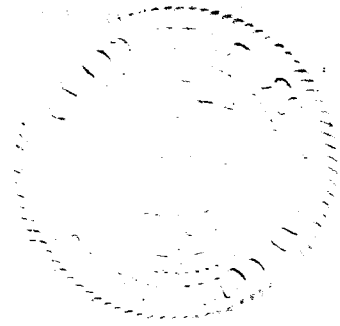
DEC 7 1965

Mar 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-108032-539

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338710**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD

Robert Charles Kinsey

5. Date of Birth of Child

(Month, day, year) June 8, 1898

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Harry Kinsey
11. Color white 12. Age at time
or Race of THIS birth 49 yrs.
13. Birthplace Millford, Indiana
(City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Elisabeth Elrod
17. Color white 18. Age at time
or Race of THIS birth 41 yrs.
19. Birthplace Texas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 84 years of age, that I have known this person for 44 years, and that
Mrs. Mae O'Connor, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

X Harriet E. Kinsey Signature
308 No. 76th, Seattle, Washington P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942

(SEAL)

Alton S. Thompson

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 25 1942

by

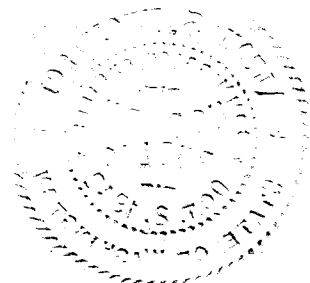
Marl B. Edin

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

36K-131028-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338738**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Bonniers Ferry</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Bonniers Ferry</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>same</u>		5. Date of Birth of Child (Month, day, year) <u>July 31 1898</u>	
4. FULL NAME OF CHILD <u>Louis James Combs</u>		6. Sex <u>male</u>	
7. Twin or Triplet <u>Triplet</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>		10. FULL NAME <u>Saul Samuel Combs</u>	
11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Linn Co. Kansas</u> (City or town) (State or foreign country)		14. Exact Occupation <u>blacksmith</u>	
15. Industry or Business		16. FULL MAIDEN NAME <u>Lucy Belle Logan</u>	
17. Color or Race <u>white</u>		18. Age at time of THIS birth <u>19</u> yrs.	
19. Birthplace <u>Wisconsin</u> (City or town) (State or foreign country)		20. Exact Occupation <u>housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum	
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Kansas County of Cowley } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Dr. Frank Loomis, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Saul Samuel Combs Signature
Burden Kansas P. O. Address
Subscribed and sworn to before me this 6 day of March, 1942
(SEAL) Notary Public, residing at Burden Kansas
(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.) my com of June 10-1942
Received for filing on MAR 25 1942 by Maude E. Fisher Registrar.

MAR 3 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



256-113-DK-643

338760

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 14 years 3 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Martin DeLoss Knox
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Nov. 13, 1898

FATHER OF CHILD
10. **FULL NAME** DeLoss DuPont Knox
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Emmett Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Effie Ella Fulton
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Poncha Springs, Colo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Birth years, and that Mrs Hattie Oaks, who attended this birth Deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Effie E Knox Signature
625th Sunset Blvd Temple City Calif. P. O. Address

Subscribed and sworn to before me this 23 day of Nov, 1942
(SEAL) Hattie S. O'Farley Notary Public, residing at Temple City Calif

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

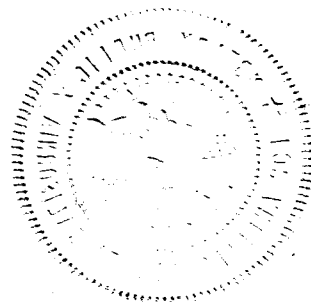
Received for filing on MAR 26 1942 by Mabel H. E. Lister Registrar.
My Commission Expires Oct. 22, 1944

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-213-248-369

338822

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

CERTIFICATE OF BIRTH

Local Reg. No.....

STATE OF IDAHO

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No. later changed to Idaho
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay BEFORE delivery: IN THIS county 12 years 6 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City On farm near Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 39 yrs.

4. FULL NAME OF CHILD

Mildred Manilla Burger

3. RESIDENCE OF FATHER (city, state) Farm Indian Valley, Idaho

5. Date of Birth of Child
(Month, day, year) June 13th 1898

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Burger
11. Color White 12. Age at time of THIS birth 63 yrs.
13. Birthplace Alaachloraine, France
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business Farmer, stock.

MOTHER OF CHILD

16. FULL MAIDEN NAME May Coriell
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace New York
(City or town) (State or foreign country)
20. Exact Occupation Farm wife
21. Industry or Business Farm wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Washington, changed to Adams

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43 years, and that Mrs. Sarah Coriell, who attended this birth Deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula Walters Signature
Indian Valley, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) P. H. Ware Notary Public, residing at Indian Valley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mary E. Eder, Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 2, Title 38, Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652-132-044-168
MAR 30 1942

338839

338839

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows, Idaho

4. FULL NAME OF CHILD

William Mason Webb

5. Date of Birth of Child

(Month, day, year) July 30, 1898

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 mo.

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

William Edward Webb

11. Color or Race

White

12. Age at time of THIS birth

33 yrs.

13. Birthplace

Idaho

(City or town)

(State or foreign country)

14. Exact Occupation

Grocer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida Moyer

17. Color or Race

White

18. Age at time of THIS birth

30 yrs.

19. Birthplace

Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 1, above, that I am now.....years of age, that I have known this person for.....years, and that

Mr. Henry Clay who attended this birth.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr. Ida M. Webb

Signature

615 E. 1st St.

P. O. Address

Subscribed and sworn to before me this 29 day of March, 19 42

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

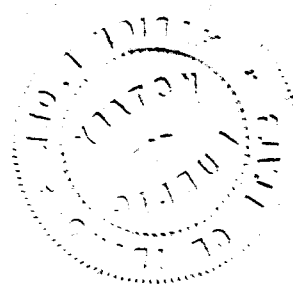
Received for filing on MAR 30 1942 by Mary E. Elden, Registrar.

MAR 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338963**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Lenlanding
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Lenlanding
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Lenlanding, Idaho

5. Date of Birth of Child
(Month, day, year) December 25, 1898

4. FULL NAME OF CHILD GEORGE DEWEY NICHOLS

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leonard Howard Nichols
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Syracuse, New York
(City or town) (State or foreign country)
14. Exact Occupation Postmaster & Storekeeper
15. Industry or Business U.S. Mail & Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Josephine Johnson
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Springfield, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -- -- --

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn M. on the date Dec 25, 1898 and at the place stated above, and that personal particulars were furnished by Alma Johnson, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington ss.
County of Pacific

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 43 years, and that Mrs. Alonzo Gould, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. S. M. Bishop Signature
RFD 1, Raymond, Washington P. O. Address

Subscribed and sworn to before me this 25th day of March, 19 42

(SEAL)

George L. Lewis

Notary Public, residing at Raymond, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Marj K. Fisher Registrar.

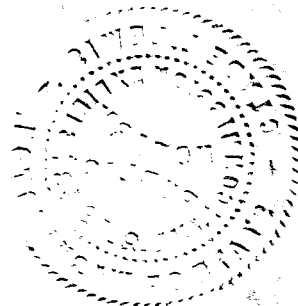
APR 1 1942

OCT 17 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955-106-016-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338977**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Born at the farm home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 0 years 4 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 mos.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Peter G. Reed

5. Date of Birth of Child
(Month, day, year) Apr. 6, 1898

6. Sex Male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd NO 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ben Reed
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace London England
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business As above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Gabhart
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Oakhill Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business As above

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 46 years, and that No Medical Doctor was available who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires Nov. 7, 1944

Subscribed and sworn to before me this 26th day of March, 19 43

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mabel Reed, Registrar.

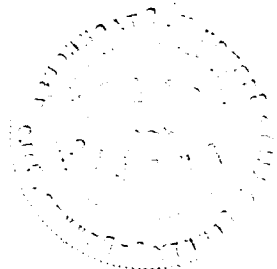
JUL 18 1974

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

942-107-225-4/13

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339003**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Denver, Idaho
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
born at home residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 11 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Denver, Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Denver, Idaho
5. Date of Birth of Child
(Month, day, year) Sept, 7, 1898

4. FULL NAME OF CHILD Lester Earl Rush

6. Sex male 7. Twin or yes NOPE If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Paschal Rush
11. Color white **12. Age at time** 50 yrs.
or Race white of THIS birth
13. Birthplace Carrol Co. Arkansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Udora Mattox
17. Color white **18. Age at time** 38 yrs.
or Race white of THIS birth
19. Birthplace unknown Arkansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Idaho **Midwife** Idaho **Address** Idaho **Date** Idaho
State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that Dr G. S. Stockton, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Purna D. Chase Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.

(SEAL) Henry J. S. S. S. County Recorder Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

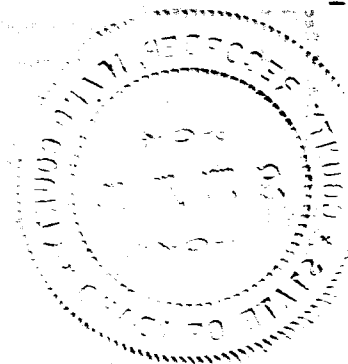
Received for filing on MAR 28 1942 by Mary J. S. S. Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339021
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 27 years months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD Rita Hazel Warden

5. Date of Birth of Child Idaho
(Month, day, year) 4-29-1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Horace Warden
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
14. Exact Occupation General Ranch Hand
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Maria Bundy
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Linn Co., Oregon
(City or town) (State or foreign country)
20. Exact Occupation House Servant
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half sister of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Jennie Scott, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Pearl B. Parks Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March 1942
(SEAL) Harry T. Parker County Recorder Grangeville, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

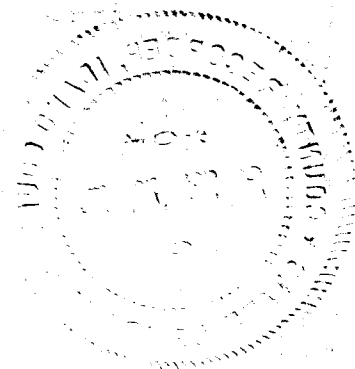
Received for filing on MAR 30 1942 by Harry T. Parker Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-226-006-553

339052

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Edith Florence Christensen

5. Date of Birth of Child
(Month, day, year) 2-26-98

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Heber Christensen
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Hyrum, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma N. Nelson
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Grefvle, Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above; that I am now 67 years of age, that I have known this person for 44 years, and that Mrs. Christina Hubbard, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of March, 1948
(SEAL) John J. [Signature] Notary Public, residing at First Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

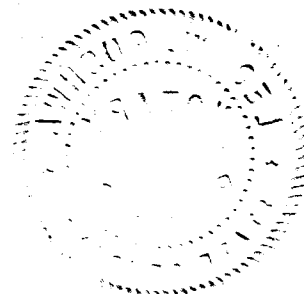
Received for filing on MAR 27 1942 by [Signature] Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-216-230-554

339133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Bibbstonville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: ✓
IN THIS county years months days

4. FULL NAME OF CHILD Nellie Edith Pittie

6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Damson Pittie
11. Color Caucasian 12. Age at time of THIS birth 39 yrs.
13. Birthplace Baginaw, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Bibbstonville
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? ✓ yrs.

3. RESIDENCE OF FATHER (city, state) Bibbstonville, Idaho
5. Date of Birth of Child Feb 16, 1898
(Month, day, year)

8. No. months of Pregnancy ✓ 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Nedow
17. Color Caucasian 18. Age at time of THIS birth 35 yrs.
19. Birthplace St. Joseph, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ✓

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of Los Angeles } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4 above, that I am now 39 years of age, that I have known this person for 45 years, and that I was living at home at the time Nellie Edith Pittie was born, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Ray Pittie P. O. Address 5167 Rockwood, Los Angeles

Subscribed and sworn to before me this 23rd day of March, 1942
(SEAL) Annie B. Glenn Notary Public, residing at Alhambra

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

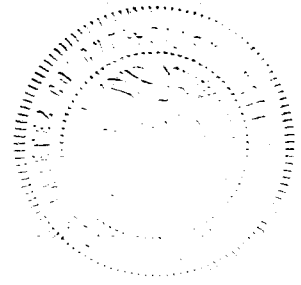
Received for filing on MAR 26 1942 by Mary E. Glenn Registrar.

APR 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-1071-043-556

339316

339316

United States (Be sure the information is as of date of birth of THIS child) State File No. 339316
Department of Commerce APR 4 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Benjamin McCall
5. Date of Birth of Child (Month, day, year) Jan 7 1898
6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Benjamin B McCall 16. FULL MAIDEN NAME Ida May Newman
11. Color White 12. Age at time of THIS birth 28 yrs. 17. Color White 18. Age at time of THIS birth 22 yrs.
13. Birthplace Indianapolis, Ohio (City or town) (State or foreign country) 19. Birthplace McCall, Idaho (City or town) (State or foreign country)
14. Exact Occupation Mechanic 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Ada } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 67 years of age, that I have known this person for 44 years, and that Anna McCall, who attended this birth is now deceased further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ben McCall Signature
McCall, Idaho P. O. Address
Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

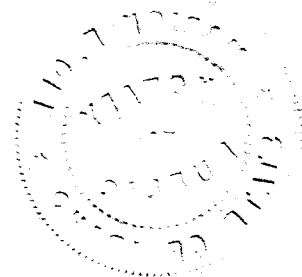
Received for filing on APR 4 1942 by Marion E. Orr Registrar.

APR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **339326**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 6 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Douglas (b) City Hot Spring
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years 4 months 1 days

4. FULL NAME OF CHILD

Tracy Jennie Dodge

6. Sex Female 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willis Cornelius Dodge
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Selawau County, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Wida Wilda Thomas
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Portland, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 6.5 years of age, that I have known this person for 4.3 years, and that

Mrs. Johnson who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of April, 19 42

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

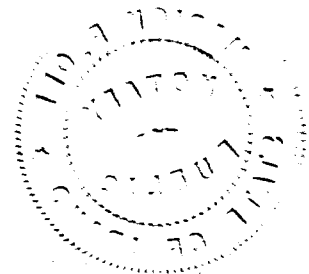
Received for filing on APR 6 1942

by Mary E. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Chester</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>8 1/2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Chester</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Janus Otis Brown</u>		3. RESIDENCE OF FATHER (city, state) <u>Chester Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Aug. 9, 1898</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Thomas J. Brown</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>North Ogden Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lovina H. Clifford</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>41</u> yrs. 19. Birthplace <u>North Ogden Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>11</u> (b) Born alive and now living <u>10</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
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State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in item 4, above, that I am now 6 1/2 years of age, that I have known this person for 43 years, and that Jane Hathaway, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B. Hathaway Signature
Blakeslee Idaho P. O. Address

Subscribed and sworn to before me this 30 day of Mar, 1942
(SEAL) Orl Meservy Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

339437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>one</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Blackfoot Idaho</u>		4. FULL NAME OF CHILD <u>Julia Robert</u>	
5. Date of Birth of Child (Month, day, year) <u>Sept 25 1898</u>		6. Sex <u>Female</u>	
7. Twin or Triplet <u>no</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>		10. FULL NAME <u>Felix Peter Robert</u>	
11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Paincourt Ontario Canada</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Flour miller</u>	
15. Industry or Business <u>Flour milling</u>		16. FULL MAIDEN NAME <u>Rhoda Caldwell</u>	
17. Color or Race <u>white</u>		18. Age at time of THIS birth <u>21</u> yrs.	
19. Birthplace <u>Ogden Utah</u> (City or town) (State or foreign country)		20. Exact Occupation <u>housewife</u>	
21. Industry or Business <u>none</u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>	
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Colorado } ss.
County of Denver

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 43 years, and that Mrs. — Baird who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Caldwell Robert Signature
3153 West 37th Ave., Denver Colo. P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942.
(SEAL) Notary Public Notary Public, residing at Denver, Colorado.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary E. Egan Registrar.

JUN 1 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



366-220-006-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **339485**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

_____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Idaho Falls, Id.

3. RESIDENCE of FATHER (city, state): Idaho Falls, Id.

4. FULL NAME OF CHILD Ruth Coffin

5. Date of Birth (Month, day, year) Feb. 20, 1898

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Mary Annworth Coffin
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace De Kalb Co. Illinois
(City or town) (State or foreign country)
14. Exact Occupation Supt. Great Western
15. Industry or Business Canal Co.

16. FULL MAIDEN NAME Mary Alice Pelot
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Pringle Bingham Co. Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 1 1942 (Date received) (b) Mary A. Coffin (Mother, etc.) (c) Mary A. Coffin (Registrar's signature)

25. Attendant's OWN signature _____ and address _____ Date _____ (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)
State of Calif } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary A. Coffin, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. La Rue, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mary A. Coffin Signature
Barstow, Calif. P. O. Address

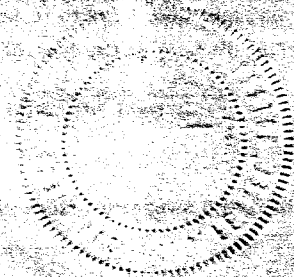
Subscribed and sworn to before me on this 28th day of March, 1942
(SEAL) J. H. Emmel Notary Public, residing at Barstow, Calif.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 2)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814-130-067-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339599**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Unknown (b) City HAILEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county / years / months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Unknown
(c) City HAILEY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) HAILEY IDAHO

4. **FULL NAME OF CHILD** HAROLD HOBART HAMBLET

5. Date of Birth of Child
(Month, day, year) SEPT. 30TH, 1898

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ORIN ALFORD HAMBLET
11. Color or Race WHITE 12. Age at time of THIS birth 30 yrs.
13. Birthplace OMAHA NEBRASKA
(City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business 1

MOTHER OF CHILD

16. **FULL MAIDEN NAME** PHOEBE ANNA SMITH
17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
19. Birthplace NEOLA IOWA
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of.....Oregon ss.
County of.....Multnomah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....MOTHER.....of the person whose name appears in Item 4, above, that I am now.....65.....years of age, that I have known this person for.....43.....years, and that.....MRS ZEB STANFIELD....., who attended this birth.....DECEASED..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoebe Anna Hamblet Signature
Gresham, Oregon P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942
(SEAL) Virginia M. Lewis Notary Public, residing at Gresham, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC FOR OREGON

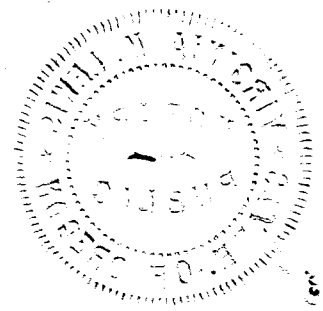
Received for filing on.....APR 3 1942.....by.....Mary E. Lefebvre.....Expires.....Jan 27 1943.....Registrar.

100 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415-190-022-993

339620

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years 00 months 00 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD

Charles Warren Davis

5. Date of Birth of Child

(Month, day, year) Sept 30, 1898

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George Albert Davis

11. Color or Race

white

12. Age at time of THIS birth

33 yrs.

13. Birthplace

Liberty Bear Lake Co. Ida

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer and stock raiser

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Sariah Rice Davis

17. Color or Race

white

18. Age at time of THIS birth

39 yrs.

19. Birthplace

Farmonington Utah

(City or town)

(State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Fremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that

Paul C. Hammond who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1987 Session Laws.

George Albert Davis Signature

P. O. Address

Subscribed and sworn to before me this 7th day of April, 1944

(SEAL)

Emmett Taylor Notary Public, residing at Emmett, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Comm expires

Received for filing on

APR 3 1944

by

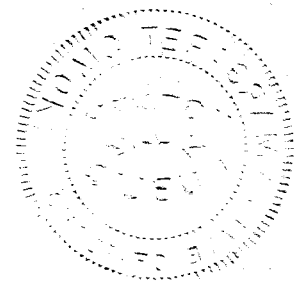
Max E. [unclear] Registrar.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



264-227-010-789
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339626

State File No.....
 Local Reg. No.....
 Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County Bannock (b) City Ammon
 (c) Street Address or R.F.D. No.....
 (d) Name of Hospital or Maternity Home: Home
 (e) Mother's stay BEFORE delivery:
 IN THIS county 5 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Bannock
 (c) City Ammon
 (d) Street Address or R.F.D. No.....
 (e) How long has MOTHER lived in Idaho? 10 yrs.
 3. RESIDENCE OF FATHER (city, state) Ammon, Idaho

4. FULL NAME OF CHILD Clara Emily Sommer

5. Date of Birth of Child
 (Month, day, year) Sept. 27, 1942

6. Sex female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Alfred Sommer
 11. Color white 12. Age at time of THIS birth 36 yrs.
 13. Birthplace Logan Utah
 (City or town) (State or foreign country)
 14. Exact Occupation Bricklayer
 15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Emily Phillips
 17. Color white 18. Age at time of THIS birth 35 yrs.
 19. Birthplace Stone Idaho
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
 County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 14 years, and that Anna Deming, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Emily Phillips Signature
121 W. 1st St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1942.
 (SEAL) Ed. Walker Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Residence, Idaho Falls, Idaho,

Received for filing on APR 2 1942 by Mary E. Fisher Registrar. My Commission Expires May 8, 1945

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-108-026-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339724

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Jefferson (b) City Granger
(c) Street Address or R.F.D. No. R.F.D. 1 Granger, Ida.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: 57 yrs.
IN THIS county 2 years 15 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Granger
(d) Street Address or R.F.D. No. R.F.D. 1 Granger
(e) How long has MOTHER lived in Idaho? 57 yrs.

4. FULL NAME OF CHILD Ira Marvin Hall

3. RESIDENCE OF FATHER (city, state) Granger, Ida.
5. Date of Birth of Child (Month, day, year) 9/18/1898

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Ira Amos Hall
11. Color white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Granger, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD
16. FULL MAIDEN NAME Lucy Vilate Park
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Clarkston, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Dead at — M. on the date — (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (Mother, etc.)

25. Attendant's OWN signature Lucy Vilate Hall M.D. Dead Address — Date —

State of Idaho County of Jefferson ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all his life years, and that Lucy Vilate Hall, who attended this birth as now Dead, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of March, 1942.
(SEAL) Lucy Vilate Hall Signature
Granger, Idaho - R.D. no 1 P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Rich, Idaho

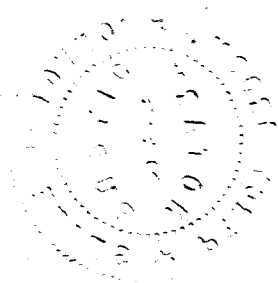
Received for filing on APR 6 1942 by Marj Beaman, Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356-202-203-236

339758

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 58 yrs.

4. FULL NAME OF CHILD Francis May Lewis

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Arimo Idaho
5. Date of Birth of Child (Month, day, year) May 2, 1898

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cornelius Ashberry Lewis
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Platt City Illinois
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL NAME Sarah Elizabeth Stowe
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Green Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Montana County of Gallatin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located) who attended this birth. I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3 day of March, 1942
(SEAL) Ed Peterson Notary Public for the State of Montana,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) West Yellowstone, Montana.
My commission expires February 23rd, 1943.

Received for filing on APR 6 1942 by Marie E. Lefler Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-1171006-453

339767

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born on a ranch
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 5 months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** Oliver Robert Brown

5. Date of Birth of Child
(Month, day, year) Jan. 17, 1898

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Brown
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Pittsburgh Penn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Metzner
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Bern Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6:00 A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (Anna Wilson) Mrs. Gould who is
related to this child as Aunt (Sister to the mother) (First name) (Last name)
(Mother, etc.) who acted as midwife at time of birth)
25. Attendant's M.D. no as doctor present
OWN signature Midwife Address Date

State of Montana ss.
County of Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that Anna Wilson Gould, who attended this birth Cannot be located further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Brown Signature
Stevensville, Montana P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942.

(SEAL)

Reyald S. Wallace Notary Public, residing at Polson, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Marj Greiner, Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



652-104-029.859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339835**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Palouse, Wash.
(c) ~~Street~~ Address or R.F.D. No. Palouse, Wash.
(d) Name of Hospital or Maternity Home: Born at Farm Home
(e) Mother's stay BEFORE delivery:
IN THIS county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City Idaho
(d) ~~Street~~ Address or R.F.D. No. Palouse, Wash.
(e) How long has MOTHER lived in Idaho? One yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Virgil Edwin West

5. Date of Birth of Child
(Month, day, year) Feb. 4th 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9+ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen Edwin West
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Farmington Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosine Elsie Heim
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address Date

State of Washington } ss.
County of Whitman

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 44 years, and that Miss Sarah Holbert who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isaac A. West Signature
Mark P. O. Address

Subscribed and sworn to before me this 3rd, day of April, 19 42
(SEAL) Notary Public, residing at Palouse, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Marl E. Becher, Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339890
339890
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery;
IN THIS county years Unknown months days

4. FULL NAME OF CHILD

Blanche Matilda Dunn

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME

Henry Dunn

11. Color or Race

White

12. Age at time
of THIS birth 50 yrs.

13. Birthplace

Blackfoot, Idaho

(City or town) (State or foreign country)

14. Exact Occupation

Stockman +

15. Industry or Business

Rancher

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lydia Merrill

17. Color or Race

White

18. Age at time
of THIS birth 25 yrs.

19. Birthplace

Blackfoot, Idaho

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argrol

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 P.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lydia Dunn, who is
related to this child as Mother
(First name) (Last name)

25. Attendant's
OWN signature F. W. Mitchell

M.D.
Midwife

Address Blackfoot, Idaho Date 3/18/42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
(First name) (Last name) (Mother, etc.)

....., who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr. 11, 1942 by Mary E. Edgar, Registrar.

APR 1 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-115-025-967

339917

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Idaho..... (b) City.....Stites.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
none.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....Idaho..... (b) County.....Idaho.....
(c) City.....Stites.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....3.....yrs.

3. **RESIDENCE OF FATHER** (city, state).....Stites Ida.....
5. Date of Birth of Child.....
(Month, day, year).....Dec 15 1898.....

4. **FULL NAME OF CHILD**.....William Elmer Hall.....
6. Sex.....male.....
7. Twin or Triplet.....
If so—born 1st, 2nd, 3rd.....

8. No. months of Pregnancy.....9.....
9. Legitimate?.....yes.....

FATHER OF CHILD
10. **FULL NAME**.....Charles Amasa Hall.....
11. Color.....white..... 12. Age at time of THIS birth.....28.....yrs.
13. Birthplace.....Kempton Ill.....
(City or town) (State or foreign country)
14. Exact Occupation.....farmer.....
15. Industry or Business.....farmer.....

MOTHER OF CHILD
16. **FULL MAIDEN NAME**.....Cora May Rogers.....
17. Color.....white..... 18. Age at time of THIS birth.....20.....yrs.
19. Birthplace.....Madison Wis.....
(City or town) (State or foreign country)
20. Exact Occupation.....housewife.....
21. Industry or Business.....housewife.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....no.....
23. Number of children of this mother: (a) At time of birth and including this child.....1..... (b) Born alive and now living.....1.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D......
Midwife Address Date
State of.....Idaho.....
County of.....Idaho.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....62.....years of age, that I have known this person for.....44.....years, and that.....Eliza Rogers....., who attended this birth.....now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Mrs Cora May Hall.....
.....Kooskia Idaho.....
.....P. O. Address.....

Subscribed and sworn to before me this.....6.....day of.....April....., 19.....42.....
(SEAL).....Notary Public, residing at Kooskia Idaho.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....APR 8 1942.....by.....Mrs J. E. Hall....., Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

340032

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mtn. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years 3 months 16 days

4. **FULL NAME OF CHILD** ALLEN LEO O'NEILL

6. Sex male 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** JAMES O'NEILL
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Roundout New York
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) Mtn. Home, Ida
5. Date of Birth of Child (Month, day, year) June 29, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Theresa Donnelly
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace County Carey, Ireland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Elmore

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Dr. J. W. Newkirk who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary I. O'Neill Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of April, 19 42
(SEAL) Phanton Rock Notary Public, residing at Mtn. Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary E. Eder Registrar.

JUN 18 1942

DEC 3 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340138**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> <u>Idaho</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years <u>1</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Near Star</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>David Clifford DeVore</u>		3. RESIDENCE OF FATHER (city, state) <u>Deceased</u> 5. Date of Birth of Child (Month, day, year) <u>Oct 12 1898</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Henry Clay DeVore</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>48</u> yrs. 13. Birthplace <u>Pennsylvania</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Cornelia Evelyn Moore</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Ontario Canada</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1:30 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Nora Faulkner, who is related to this child as Sister
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Deceased **M.D. Midwife Address Date**

State of California } ss.
County of Lassen }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that De Heale who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Faulkner Signature
Butchfield California P. O. Address
Subscribed and sworn to before me this 7th day of April, 1942
(SEAL) J. H. Bannerman Notary Public, residing at Bismarck Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

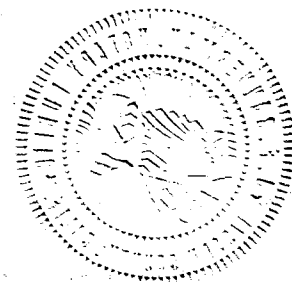
Received for filing on APR 9 1942 by Nora Faulkner, Registrar.

APR 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340142**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Lewis** (b) City **Russell**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **1** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Lewis**

(c) City **Kamiah**

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **45** yrs.

3. RESIDENCE OF FATHER (city, state) **deceased**

5. Date of Birth of Child

(Month, day, year) **Jan 22, 1898**

4. FULL NAME OF CHILD

Lois Geraldine Ramey

6. Sex **Fem**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **William Johnson Ramey**

11. Color **White** 12. Age at time
or Race of THIS birth **29** yrs.

13. Birthplace **St. Cloud Minn.**
(City or town) (State or foreign country)

14. Exact Occupation **Lumber Dealer**

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Artha Ann Whitney**

17. Color **White** 18. Age at time
or Race of THIS birth **24** yrs.

19. Birthplace **Woodburn Ore.**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **No**

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** ss.
County of **Lewis**

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears
(Mother, etc.) in Item 4, above, that I am now **67** years of age, that I have known this person for **life** years, and that

Dr. Powell Ramey, who attended this birth is **deceased**. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Bertha Ann Ramey Signature

Kamiah Idaho H.O. Address

Subscribed and sworn to before me this **7** day of **April**, 19 **42**

(SEAL)

Notary Public, residing at

Kamiah Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 9 1942

by

Paul J. ...

Registrar.

NOV 20 1959

APR 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-128004-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340164

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years months days

4. FULL NAME OF CHILD

Iron Henry Peterson

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho

5. Date of Birth of Child

(Month, day, year) August 28, 1898

FATHER OF CHILD

10. FULL NAME

Neils D. Peterson

11. Color

White

12. Age at time

of THIS birth 24 yrs.

13. Birthplace

Ovid

(City or town) (State or foreign country) Idaho

14. Exact Occupation

Carpenter

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Camilla Christine Paulsen

17. Color

White

18. Age at time

of THIS birth 22 yrs.

19. Birthplace

(City or town)

(State or foreign country) Denmark

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Bear Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66.5 years of age, that I have known this person for 43 years, and that

Fannet Tibbets, who attended this birth is now deceased I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Camilla Christine Peterson Signature

Ovid Idaho P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942

(SEAL)

Levi Alano Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

MY COMMISSION EXPIRES
DECEMBER 15, 1942

Received for filing on APR 9 1942 by Mary E. Fisher, Registrar.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

163-205 029-219

340245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>9</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Moscow, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 5, 1898</u>	
4. FULL NAME OF CHILD <u>Ava Anna Jolly</u> 6. Sex <u>Female</u> 7. Twin or Triplet <u>--</u> If so—born 1st, 2nd, 3rd <u>3rd</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		FATHER OF CHILD 10. FULL NAME <u>James T. Jolly</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Boon Cou. ty., Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>	
MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Effie A. Barrows</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12 midnight M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Effie A. Jolly Eby, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)
 25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho } ss.
 County of Clearwater }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Matilda Jolly (First name) (Last name), who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie A. Eby
Peck, Idaho

Subscribed and sworn to before me this 4th day of April, 19 42
 (SEAL) _____ Notary Public, residing at Orofino, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

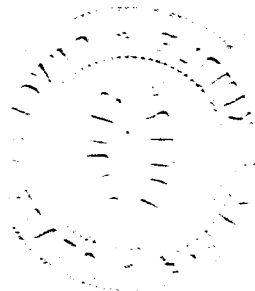
Received for filing on APR 10 1942 by Mary E. Eby, Registrar.

APR 14 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340288**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise City
(d) Street Address or R.F.D. No. 14th Street

(e) How long has MOTHER lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

5. Date of Birth of Child
(Month, day, year) June 17th 1899

4. FULL NAME OF CHILD Roscoe Amos Brooks

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Amos Brooks
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bellevue Ohio
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Wina Belle Treadwell
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Elberk Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Carney } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that

Roscoe Amos Brooks, who attended this birth cannot be found I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wina Belle Lisoubee Signature
623 15th Ave North P. O. Address

Subscribed and sworn to before me this 3d day of April, 1942

(SEAL)

Maud Herring Notary Public, residing at Hamper Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-114, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Maud Elder Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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394 119 035 993

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

340355

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Nezperce (b) City Lewiston
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home at home
IN THIS county 2 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No. 5th St.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Crofton, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Glenn Kenneth Trutton

5. Date of Birth

(Month, day year) Nov. 19, 1898

6. Sex male

7. Twin or
Triplet no

If so—born
1st, 2nd, 3rd no.

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Benjamin Holsten Trutton

11. Color

white

12. Age at time

of THIS birth 42 yrs.

13. Birthplace

Costsville

Idaho

(City or town)

(State or foreign country)

14. Exact

Occupation

Carpenter

15. Industry or

Business

contracting Building

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Isabelle Trutton

17. Color

white

18. Age at time

of THIS birth 36 yrs

19. Birthplace

Poplar Grove Ind.

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:30 P.M. on the date (born alive/stillborn)

and at the place stated above, and that personal particulars were furnished by Sarah Isabelle Trutton, who is related to this child as mother (First name) (Last name)

APR 10 1942

26. (a)

(Date received)

(b)

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

27. Given name added on

by

(Registrar's signature)

and address

Date

State of Idaho

County of Blaine

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Isabelle Trutton, being first duly sworn, say that I am Related to Glenn Kenneth Trutton as mother (Related to (or) acquainted with) whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Smith, who attended said birth, cannot be located and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Mrs. Sarah Isabelle Trutton

Signature

Box 486

Crofton Idaho

P. O. Address

Subscribed and sworn to before me on this

day of

April, 1942

(SEAL)

Notary Public, residing at Crofton, Idaho

APR 14 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



553102 036-793
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340366
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County... <u>Oneida</u> ... (b) City... <u>Preston</u> ... (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Birth at Home</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State... <u>Idaho</u> ... (b) County... <u>Oneida</u> ... (c) City... <u>Preston</u> ... (d) Street Address or R.F.D. No. <u>South 4 East</u> (e) How long has MOTHER lived in Idaho? <u>30</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Preston, Idaho</u>	
4. FULL NAME OF CHILD <u>Ephraim Benson Nelson</u>		5. Date of Birth of Child (Month, day, year) <u>2 Aug. 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph E. Nelson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Holden, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Teacher</u> 15. Industry or Business <u>Farmer, Gardner</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Almeda Giles</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Holden, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Teacher</u> 21. Industry or Business <u>Home and Civic Work</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child... <u>3</u> ... (b) Born alive and now living... <u>11</u> ...			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of _____ County of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Mrs. Lila McQueen (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of April, 1942 at Idaho
 (SEAL) _____ Notary Public, residing at 3059 Grape St
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 My Commission Expires Sept. 16, 1944
 Received for filing on APR 13 1942 by Mary Registrar.

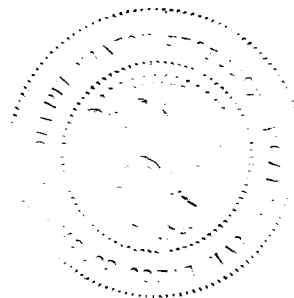
AUG 26 1963

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record B bearing FIRST-CLASS postage to State B copy requires an advance payment of 50¢

is this certificate. Mail COMPLETED certificate in envelope to the Registrar, Boise, Idaho, for filing. No charge for filing. Each certified

269 112 010-695

340368 340368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Iona</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Utah</u> (b) County <u>Cache</u> (c) City <u>Mendon</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... yrs.	
4. FULL NAME OF CHILD <u>Harold Dewey Sorensen</u>		5. Date of Birth of Child (Month, day, year) <u>July 12, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph N. Sorensen</u>		16. FULL MAIDEN NAME <u>Mary E. Findley</u>	
11. Color or Race <u>Wh</u>		17. Color or Race <u>Wh</u>	
12. Age at time of THIS birth <u>33</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Mendon, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Mendon, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

This certificate issued in accordance with 1937 Idaho Session Laws permitting birth records to be issued in foster name. Certified copy of Order of Adoption of Harold Dewey Larsen by Joseph N. and Mary E. Sorensen, states that this child was "six years old on the 12th day of July, 1904"; Order dated March 11, 1905 and attached to original birth record on file in the Bureau of Vital Statistics, Boise, Idaho. Certificate of Blessing also attached to certificate states that Harold Dewey Larsen was born July 12, 1898 at Iona, Idaho, Blessing occurred August 17, 1898; Certificate dated January 12, 1942. Issued by Church of Jesus Christ of Latter Day Saints. Adoption Order issued by Probate Court of Cache County, State of Utah.

State of Utah ss.
County of Cache

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that attending physician, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph N. Sorensen Signature
Mendon, Utah P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942.
(SEAL) Notary Public Notary Public, residing at Sagan, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

963 119 022 235

340385

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. Three.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 8 years - month - days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg,
(d) Street Address or R.F.D. No. Three.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address. Rexburg, Idaho.

3. RESIDENCE of FATHER (city, state) Idaho.

4. FULL NAME OF CHILD James Wellington Rock

5. Date of Birth (Month, day year) 12/19/1898

6. Sex Male 7. Twin or Triplet - - If so—born 1st, 2nd, 3rd - - 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME James W. Rock
11. Color White 12. Age at time of THIS birth. 28 yrs.
13. Birthplace Morgan, Utah,
(City or town) (State or foreign country)
14. Exact Occupation Cement Worker.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly M. Stevens
17. Color White 18. Age at time of THIS birth. 24 yrs.
19. Birthplace Upton, Utah,
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 4 (b) Born alive and now living 4
(c) Born alive and now dead - (d) Stillborn - -

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 13 1942 (Date received) Mary E. Walz (Mother's signature)
(b) _____ (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Madison

I, Lilly M. Rock, being first duly sworn, say that I am related to James Wellington Rock as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Walz (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

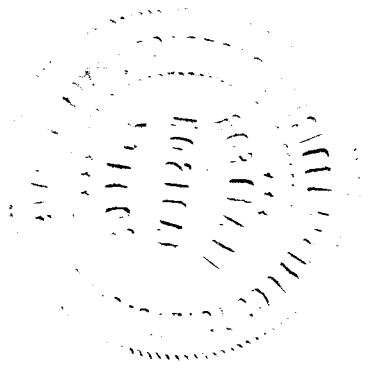
Subscribed and sworn to before me on this 10th day of April 19 42.
(SEAL) _____ Signature Lilly M. Rock
Rexburg, Idaho, RFD #3. P. O. Address
Clerk of District Court _____ residing at Rexburg, Idaho.

APR 14 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

455 708 010 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340512

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boonville (b) City Idaho Falls
(c) Street Address or R.F.D. No. # 3
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boonville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. # 3
(e) How long has MOTHER lived in Idaho? 12 yrs.

4. FULL NAME OF CHILD James Denning
7. Twin or Triplet 1st born
8. No. months of Pregnancy 9
9. Legitimate? yes

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho
5. Date of Birth of Child (Month, day, year) Sept. 8 - 1898

FATHER OF CHILD
10. FULL NAME James Henry Denning
11. Color white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Martha Kate Watzel
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace La. Ca (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....
State of Idaho County of Boonville } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Dr. Bridger, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. Denning Signature
Idaho Falls RFD #3 Address
Subscribed and sworn to before me this 8 day of April, 1942
(SEAL) Harold B. Bishop Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1937, as amended.)
Commission Expires June 4, 1942

Received for filing on APR 10 1942 by Marj H. Bishop Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

APR 13 1942

340518

432 129 040 268
United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 116
Reg. Dist. No. 140

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Shoshone
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice): _____

(Street or R. F. D.)

(Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Edward Vivion McKinley

5. Date of Birth

(Month, day, year) March 29-1898

6. Sex

M.

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Alexander McKinley

11. Color or Race

W.

12. Age at time of THIS birth

45 yrs.

13. Birthplace

Manning Iowa
(City or Town) (State or foreign country)

14. Exact Occupation

Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Bohm

17. Color or Race

W.

18. Age at time of THIS birth

22 yrs.

19. Birthplace

Shawwood Minn.
(City or Town) (State or foreign country)

20. Exact Occupation

H.W.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 8:33 P. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary McKinley, who is
(First name) (Last name)

related to this child as _____
(Mother, etc.)

26. (a) Apr 11-42
(Date received)

(b) John A. Bower
(Registrar's signature)

25. Attendant's

OWN signature

R. S. Stone

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____

(Registrar's signature)

and address

Seattle Wash.

Date

APR 23 1962

DELAYED

243-215028-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340526**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: 7 years 10 months 14 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Ida

4. **FULL NAME OF CHILD** Florence Buckle
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child (Month, day, year) 4/15/98

FATHER OF CHILD
10. **FULL NAME** Joseph Buckle
11. Color white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Stark County, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Ann Casey
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Waukeshaw Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% silver nitrate &/or Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for years, and that Frank Wenz is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Buckle Signature
Hayden Lake, Idaho P. O. Address

Subscribed and sworn to before me this 8-12 day of April, 19 42
(SEAL) Reeson Notary Public, residing at Coeur d'Alene, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mabel E. Egan Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-210-038 962

340577

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD.** Blanche Mabel Keele
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Mar. 10, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Francis Marion Keele
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Gertrude Robinson
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Ada Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2, (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Canyon } in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 63 years of age, that I have known this person for since infancy years, and that
Dr. ?- now deceased who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1927 Session Laws.

Grace Gertrude Robinson Keele Signature
104 Deary St., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of April, 19 42.
(SEAL) Emma E. Thompson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel E. E. E. Registrar.

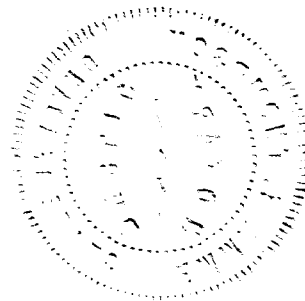
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APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



281713026652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340667**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bojferden (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bojferden
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Elijah Neil Shaffer

5. Date of Birth of Child
(Month, day, year) Dec. 13-1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Levi Shaffer
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Milville Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann West
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Salt Lake City - Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Snohomish

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Rose West, who attended this birth Deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel Levi Shaffer Signature
3120 - Colby Ave. Everett, Wash. P. O. Address

Subscribed and sworn to before me this 11th day of February, 1942
(SEAL) W. L. Byrum Notary Public, residing at Everett, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

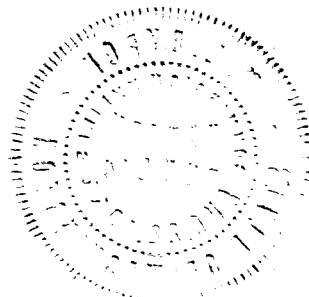
Received for filing on APR 16 1942 by Mabel R. L. ... Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-112026 415

340691

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at Home of Parents
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home. _____ days.
IN THIS county 1 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 44 yrs.
(f) Mother's mailing address Rigby Idaho

4. FULL NAME OF CHILD

George Leonard Jones

5. Date of Birth

(Month, day year) 12 Nov 1898

6. Sex

male

Twin or Triplet _____

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Edward G. Jones

11. Color or Race

white

Age at time of THIS birth 34 yrs.

13. Birthplace

True form

wales

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Margaret Stark

17. Color or Race

white

Age at time of THIS birth 31 yrs.

19. Birthplace

Ratcliff

England

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 4

(b) Born alive and now living 8

(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

APR 16 1942

26. (a)

(Date received)

(Registrar's signature)

27. Given name added on

by

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

and address

(D.O., Midwife, etc.)
Date

State of Idaho

County of Jefferson

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Jones, being first duly sworn, say that I am mother (Related to (or) acquainted with) _____ whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Eliza Ann Parks (Name of attendant at birth) _____, who attended said birth Dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

(Name of person on certificate above)

(State relationship or acquaintance)

Subscribed and sworn to before me on this 15 day of April 19 42

(SEAL)

Ruby Green

Margaret Jones

Rigby Idaho

Signature

P. O. Address

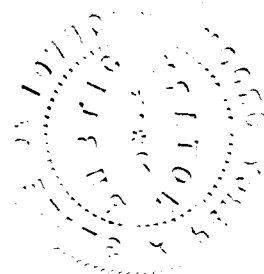
Notary Public, residing at Rigby Idaho

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340782**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: 15 yrs.
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. RESIDENCE OF FATHER (city, state) Indian Valley

4. FULL NAME OF CHILD Lillian McDowell

5. Date of Birth of Child
(Month, day, year) April 22, 1898

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert McDowell
11. Color White 12. Age at time of THIS birth 35 yrs.
or Race of THIS birth
13. Birthplace Indian Valley
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Marksberry
17. Color White 18. Age at time of THIS birth 27 yrs.
or Race of THIS birth
19. Birthplace Hilton Arkansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business
Unknown

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 45 years, and that Anna Wilkerson, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

md Nettie McDowell

Indian Valley, Idaho Signature P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942
(SEAL) H. A. Carr Notary Public, residing at Council Bluffs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary H. Leland Registrar.

FEB 21 1963

MAY 19 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States **18 1942**
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay <u>Family residence</u> BEFORE delivery: IN THIS county <u>4</u> years <u>9</u> months <u>42</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6 or more</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Boise Idaho</u>		5. Date of Birth of Child <u>Apr. 17. 1898</u> (Month, day, year).....	

4. FULL NAME OF CHILD <u>ROBLEY DAVID ATHERTON</u>	6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
10. FULL NAME <u>William Atherton</u>		16. FULL MAIDEN NAME <u>Sarah Agnes Work</u>		

11. Color <u>white</u> 12. Age at time of THIS birth <u>42</u> yrs.	17. Color <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs.
13. Birthplace <u>Lancaster county England</u> (City or town) (State or foreign country)	19. Birthplace <u>Bigham Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Proprietor and operator</u>	20. Exact Occupation <u>House wife</u>
15. Industry or Business <u>of his taxi business</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Idaho **M.D.**.....
Midwife..... **Address**..... **Date**.....

State of.....Ganyon.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....oldest sister.....of the person whose name appears in Item 4, above, that I am now.....47.....years of age, that I have known this person for.....years, and that.....Dr. Collister....., who attended this birth.....is now deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....17.....day of.....April.....1942.....
(SEAL).....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature.....Grace E. Atherton Jones.....
P. O. Address.....Nampa Idaho.....

Received for filing on.....APR 18 1942.....by.....Mary E. Elder....., Registrar.

APR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-210-022-381
APR 20 1942

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County...Fremont..... (b) City...Lewisville...
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State...Idaho..... (b) County...Fremont.....
(c) City...Lewisville.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewisville, Ida.

4. **FULL NAME OF CHILD**.....Mary Goodrow.....
6. Sex Female
7. Twin or Triplet
8. No. months of Pregnancy
9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Dec. 10, 1898

FATHER OF CHILD
10. **FULL NAME**.....Edward Goodrow.....
11. Color.....White..... 12. Age at time of THIS birth 22 yrs.
13. Birthplace...Leavenworth, Kansas.....
(City or town) (State or foreign country)
14. Exact Occupation...Stockman.....
15. Industry or Business.....

MOTHER OF CHILD
16. **FULL MAIDEN NAME**.....Mary Amelia Chase.....
17. Color.....white..... 18. Age at time of THIS birth 22 yrs.
19. Birthplace...Mound Fork, Utah.....
(City or town) (State or foreign country)
20. Exact Occupation...Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2nd. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of...Idaho... ss.
County of...Ada...

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that I, the undersigned, do not remember, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of April, 1942.
(SEAL) Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

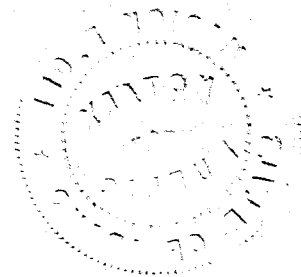
Received for filing on APR 20 1942 by Mary Elder, Registrar.

APR 20 1942

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Robin
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? two yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Caroline Viola Jamison

5. Date of Birth of Child
(Month, day, year) 2/19/98

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Crewford Jamison

11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Antrim Co. Ireland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe Ann Phillips

17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Kaysville, Utah
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 11 a.m. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Chloe Ann Jamison, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's deceased midwife M.D. Present address
OWN signature Midwife Address Burley, Idaho Date 4/16/42

State of Idaho County of Cassia } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Nancy Marley, who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chloe Ann Jamison Signature
Box 562 Burley Ida. P. O. Address
Subscribed and sworn to before me this 16th day of April, 1942
(SEAL) Notary Public, residing at Burley Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Marj 28, Registrar.

APR 21 1942

FEB 16 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BLAINE</u> (b) City <u>LOST RIVER</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>RESIDENCE</u> (e) Mother's stay BEFORE delivery: <u>TWO</u> years <u>0</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BLAINE</u> (c) City <u>LOST RIVER</u> <u>PREG. IN CT.</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>TWO</u> yrs.	
4. FULL NAME OF CHILD <u>ILA MARCHELL BEVERLAND</u>		3. RESIDENCE OF FATHER (city, state) <u>LOST RIVER, IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>5TH OCT. 1898</u>	
6. Sex <u>FEMALE</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>ALEXANDER BEVERLAND</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>LOGAN</u> <u>UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>FARMER</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>AMY McCRUMB</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>NEWWEILMINGTON</u> <u>PENN.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business <u>SAME</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>ONE</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of IDAHO } ss.
County of BUTTE

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that MIDWIFE who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of APRIL, 1942.

(SEAL)

Notary Public, residing at ARCO, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Maud E. Fisher, Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Hailey</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>ten</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Hailey</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>Ten</u> yrs.	
4. FULL NAME OF CHILD <u>Margaret Helen Boggs</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9</u> 6. Sex <u>Female</u> 9. Legitimate? <u>Yes</u>		3. RESIDENCE OF FATHER (city, state) <u>Hailey Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>September 11, 1898</u>	
FATHER OF CHILD 10. FULL NAME <u>John Angus Boggs</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Monte Scotia Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Elizabeth Walker</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>41</u> yrs. 19. Birthplace <u>London Washington</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum..... 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature..... M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Blaine

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 41 years, and that she, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of April, 1942
 (SEAL) Thos. J. Bremer Notary Public, residing at Boise
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 21 1942 by Mary E. Elder Registrar.

DEC 11 1964

APR 14 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



245-1004-004-553

341007

341007

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bern</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Father's home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bern</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
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4. FULL NAME OF CHILD <u>Ulysses Seymour Kunz</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 7, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>

FATHER OF CHILD 10. FULL NAME <u>David Kunz</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Berne, Switzerland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sophie Nelson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Denmark</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho County of Bear Lake } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all his life years, and that Mrs. Christian Grunder, who attended this birth now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David J. Kunz Signature
Bern, Idaho. P. O. Address
 Subscribed and sworn to before me this 21 day of March, 1942
 (SEAL) Albert E. Leegott Notary Public, residing at 110 North Beecher St.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Marcel E. Leegott, Registrar.

APR 31 1982

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-216 016-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

341090
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. - - - - -
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. - - - - -
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho.

4. **FULL NAME OF CHILD.** Annie May Blankenship

5. Date of Birth of Child
(Month, day, year) February 16-

6. Sex Female 7. Twin or Triplet - - - - - If so—born 1st, 2nd, 3rd - - - - -

8. No. months of Pregnancy I:30 9. Legitimate? A:M: yes

FATHER OF CHILD

10. **FULL NAME** Josephus Blankenship.
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Rosehill Lee Co/Virginia.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Standerfer
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Rosehill Lee Co/ Virginia.
(City or town) (State or foreign country)
20. Exact Occupation House Wife & Home maker.
21. Industry or Business - - - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum. - - - - -
23. Number of children of this mother: (a) At time of birth and including this child. 2. (b) Born alive and now living. 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at I:30 A: M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Me, Josephus Blankenship is related to this child as Father.
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature now deceased M.D. Midwife Address - - - - - Date - - - - -

State of California ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 44 years, and that Dr. Alby who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires July 14, 1945

Subscribed and sworn to before me this 14 day of April, 1942.

(SEAL)

J. F. Wood

Notary Public, residing at 1745 Roosevelt Ave

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles Califor

Received for filing on APR 20 1942 by - - - - - Registrar.

APR 21 1942

JAN 17 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county Yes years 3 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 3 months
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dwight Augustus Billings
5. Date of Birth of Child April 30
(Month, day, year) 1898
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|-----------------|--|
| 10. FULL NAME <u>Levi Billings</u> | 16. FULL MAIDEN NAME <u>Carrie Belle Hoops</u> | | |
| 11. Color <u>white</u> 12. Age at time of THIS birth <u>62</u> yrs. | 17. Color <u>white</u> 18. Age at time of THIS birth <u>36</u> yrs. | | |
| 13. Birthplace <u>Rochester New York</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Paris, Indiana</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>House wife</u> | | |
| 15. Industry or Business <u></u> | 21. Industry or Business <u></u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child six. (b) Born alive and now living six.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Oklahoma County of Garfield } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that Harlan Townsend who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ira Billings Wiley Signature
#1217 West Broadway, Enid, Okla. P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942.
(SEAL) Alma H. Baker Notary Public, residing at Enid, Okla.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mrs. J. E. Baker Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

244-208 036 133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341153**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
born in home of parents
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD.** Inez Budge
7. Twin or Triplet (1) If so—born 1st, 2nd, 3rd
6. Sex female

5. Date of Birth of Child
(Month, day, year) April 8, 1898

FATHER OF CHILD
10. **FULL NAME.** Edwin Budge
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elizabeth Deseret Allen
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Calistoga, Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...3..... (b) Born alive and now living...yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Idaho County of Oneida } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 40 years, and that Emily J. Ash, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of April, 19 42
(SEAL) Rockland Notary Public, residing at Am Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature J. C. Allen P. O. Address

Received for filing on APR 20 1942 by Marjorie E. E. E. Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 21 1942
VITAL STATISTICS
IDAHO

335-223-035-915

341222

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nev Perce (b) City Lewiston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 11 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Nev Perce
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1-11 mo yrs.
3. **RESIDENCE OF FATHER** (city, state) 1-11 mo

4. **FULL NAME OF CHILD** Lona Helen Cleveland Anderson

5. Date of Birth of Child
(Month, day, year) Nov 23 - 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Bresley Parker Cleveland
11. Color or Race..... 12. Age at time of THIS birth.....yrs.
13. Birthplace.....
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nancy Jane Rankin
17. Color or Race white 18. Age at time of THIS birth 42 yrs.
19. Birthplace Philadelphia Penn
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 10. (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43 years, and that Miss Ann Ross, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Satie Wahl Signature
of Clarkston, Wash P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942
(SEAL) Russell Randall Notary Public, residing at Lewiston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel Beeler, Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 122-021 972

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

341 246341246

State File No.
Local Reg. No. 112 ..
Reg. Dist. No. 541 ..

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Mink Creek</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Mink Creek</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Eligah Larsen</u>		3. RESIDENCE OF FATHER (city, state) <u>Preston, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 22, 1898</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Andrew Larsen</u>		9. Legitimate? <u>yes</u>	
11. Color <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs.		16. FULL MAIDEN NAME <u>Caroline Ipsen</u>	
13. Birthplace <u>Brigham, Utah</u> (City or town) (State or foreign country)		17. Color <u>white</u> 18. Age at time of THIS birth <u>36</u> yrs.	
14. Exact Occupation <u>Farmer</u>		19. Birthplace <u>Mantua, Utah</u> (City or town) (State or foreign country)	
15. Industry or Business <u>Own farm</u>		20. Exact Occupation <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum		21. Industry or Business	
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> ... (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive..... at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ruth C. Larsen....., who is related to this child as step mother.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature..... **M.D.**..... **Midwife**..... **Address**..... **Date**.....

State of Idaho..... } ss.
County of Franklin..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the step mother..... of the person whose name appears in Item 4, above, that I am now 62..... years of age, that I have known this person for 44..... years, and that Allen R. Cutler....., who attended this birth is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth C. Larsen step mother Signature
178W. 1 N Preston, Idaho..... P. O. Address

Subscribed and sworn to before me this 22 day of April, 19 42
(SEAL) Calvin H. Hoff Notary Public, residing at Preston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

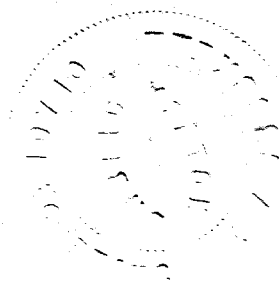
Received for filing on 4-19-1942 **APR 22 1942** by Effie W. Brower Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Received for filing on APR 18 1942 by W. H. Wilson Registrar

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4).

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452.114-029-439

341273

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho 25 yrs.

4. FULL NAME OF CHILD

Glenn Eitel De Balt

3. RESIDENCE OF FATHER (city, state)

Moscow, Idaho
5. Date of Birth of Child
(Month, day, year) Aug. 14, 1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Henry A De Balt

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Bloomington, Ind.

(City or town) (State or foreign country) Indiana

14. Exact Occupation Lumber Business

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Martha F McQueen

17. Color or Race White

18. Age at time of THIS birth 43 yrs.

19. Birthplace Brown, Lafayette Co., Mo.

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Spokane, wa ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 86 years of age, that I have known this person for 43 years, and that Dr. Brown, who attended this birth is now deceased. I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha F De Balt

4829 N. Madison St. Spokane, P.O. Address
Washington

Subscribed and sworn to before me this 9 day of March 1942

(SEAL)

Notary Public, residing at Spokane, wa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Marcel F. Lefebvre, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

125-722001 695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341315**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>9th St.</u> (d) Name of Hospital or Maternity Home <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>9th St.</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Rollin Meredith Abernathy</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 22, '98</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Albert Jasper Abernathy</u>		16. FULL MAIDEN NAME <u>Anna Lydia Freese</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>39</u> yrs.		18. Age at time of THIS birth <u>24</u> yrs.	
13. Birthplace (City or town) <u>Missouri</u> (State or foreign country)		19. Birthplace (City or town) <u>Rush River, Minn.</u> (State or foreign country)	
14. Exact Occupation <u>Salesman</u>		20. Exact Occupation <u>House-wife</u>	
15. Industry or Business <u>Singer Sew. Mach. Co.</u>		21. Industry or Business <u>Do not know</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Do not know</u>			
23. Number of children of this mother (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**
State of Washington ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of King

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Dr. Du Bois, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs) Lydia Abernathy Signature
117-32nd St. Seattle Wash. P. O. Address
Subscribed and sworn to before me this 12 day of April 1942
(SEAL) Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

APR 21 1942

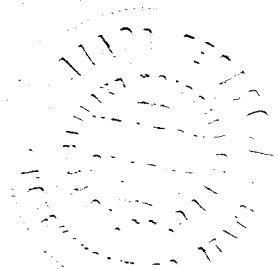
AUG 28 1938

APR 24 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 32)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local health officer for record in the Bureau of Vital Statistics for the purpose and use prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

453-230 007-238

341328

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Belleuve</u> (c) Street Address or R.F.D. No. <u>Cottonwood St.</u> (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mother's stay BEFORE delivery: <u>16</u> years <u>2</u> months <u>12</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Belleuve</u> (d) Street Address or R.F.D. No. <u>Cottonwood St.</u> (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
4. FULL NAME OF CHILD <u>Bessie Marie DeLano</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 30, 1898</u>	
6. Sex <u>Female</u>		7. Twin or Triplet <u>Twin</u> If so—born <u>1st, 2nd, 3rd</u> <u>1st</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Nathan Carleton DeLano</u>		16. FULL MAIDEN NAME <u>Emma Tracy Sohuh</u>	
11. Color <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs.		17. Color <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs.	
13. Birthplace <u>Cuba, New York</u> (City or town) (State or foreign country)		19. Birthplace <u>Falla City, Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Merchant</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>General Merchandise</u>		21. Industry or Business <u></u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid Solution</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature California **M.D.** Los Angeles **Midwife** **Address** **Date**
State of ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 69 years of age, that I have known this person for 43 years, and that
Dr. George Marshall who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs Emma Tracy DeLano Signature
5603 South Van Ness P. O. Address

Subscribed and sworn to before me this 20th day of April 1942
(SEAL) Notary Public Notary Public, residing at 2800 W. 54th St. Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mrs. E. DeLano Registrar.

JUN 4 1963

OCT 25 1963

AUG 5 1964

APR 24 1942

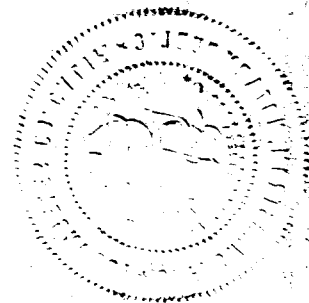
OCT 6 1961

JUL 20 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342482
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Wardner, Idaho
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home: None
The child was born in parents' own home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main Street
(e) How long has MOTHER lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Idaho

4. FULL NAME Born under name of
OF CHILD Francis Joseph Dallaire, but I married Joseph

Stehle 10/18/1899 and the boy has always used and been known as Francis J. Stehle

6. Sex Male Triplet no 1st, 2nd, 3rd no of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Dallaire
11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Chateaugay County, Quebec, Canada
(City or town) (State or foreign country)
14. Exact Occupation Underground Miner
15. Industry or Business Bunker Hill & Sullivan M. Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Kiekeritz
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Detroit, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Nurse
21. Industry or Business Private Assignments for Doctors

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now past 79 years of age, that I have known this person for all his life - 45 yrs. xx years, and that Mary Gray Gray, who attended this birth is now deceased. I further state that _____
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Augusta Rowley - formerly Augusta Dallaire
East 2507 De Smet Ave., Spokane, Washington, P. O. Address

Subscribed and sworn to before me this 21st day of April, 1942.

(SEAL)

John P. Holt Notary Public, residing at Spokane, Washington.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by _____, Registrar.

APR 24 1945

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

342487

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1317 Eastman St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1317 Eastman
(e) How long has MOTHER lived in Idaho? 35 yrs.
3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD George Winfred Rogers
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John Rogers
11. Color or Race White 12. Age at time of THIS birth yrs.
13. Birthplace Oakman Michigan
(City or town) (State or foreign country)
14. Exact Occupation Harness + Saddle Maker
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Olivia Melissa Rogers
17. Color or Race White 18. Age at time of THIS birth yrs.
19. Birthplace P.O. Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Santa Clara

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 43 years, and that Dr. Collister, who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of April, 1942
(SEAL) Gene E. Quones Notary Public, residing at Santa Clara, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by John Rogers Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-117-APR 25 1942

342533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342533**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 24 years months days

4. FULL NAME OF CHILD

Wesley Leroy Baby Wayley

6. Sex male

7. Twin or Triplet

If so—Born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Basin
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho (deceased)

5. Date of Birth of Child (Month, day, year) Sept 17, 1898

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Joseph H. Wayley

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Basin, Idaho

(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emily Theresa Egan

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Basin, Idaho

(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that

Jeannette Wayley (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Theresa Wayley Signature

P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942

(SEAL)

Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

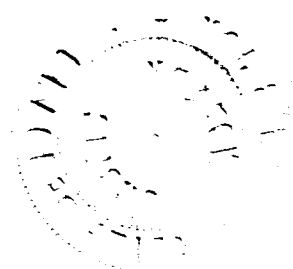
Received for filing on APR 25 1942 by Maurice E. Edgar, Registrar.

APR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

342682

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho

4. **FULL NAME OF CHILD** Lois Lillian Dunn

5. Date of Birth of Child
(Month, day, year) Aug. 8th. 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oliver Cowdry Dunn
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Bloomington, Utah
(City or town) (State or foreign country)
14. Exact Occupation Foreman
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ilda Bates
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Tooele, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife, Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 43 years, and that a Mrs. O'Connor midwife who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of April, 1942
(SEAL) Emma H. Shick Notary Public, residing at Turn Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Marj E. Egan, Registrar.

Mrs. Ilda Dunn Signature
444-3rd Ave. N. Turn Falls Idaho. P. O. Address

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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463-211-020-351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342743**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County **Emery** (b) City **Mountain Home**
(c) Street Address or R.F.D. No. **not numbered**
(d) Name of Hospital or Maternity Home: **at home**
(e) Mother's stay BEFORE delivery:
IN THIS county **6** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State **Idaho** (b) County **Chase**
(c) City **Mountain Home**
(d) Street Address or R.F.D. No. **not numbered**
(e) How long has MOTHER lived in Idaho? **5** yrs.

3. RESIDENCE OF FATHER (city, state) **Idaho, Whitman**

4. FULL NAME OF CHILD

Collette Alice Welfz

6. Sex **Female**

7. Twin or Triplet

1st-born
1st, 2nd, 3rd

8. No. months of Pregnancy **9mo**

9. Legitimate? **Yes**

5. Date of Birth of Child
(Month, day, year) **Dec. 11, 1898**

FATHER OF CHILD

10. FULL NAME **Edmund M. Welfz**
11. Color **white** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **Catonsville** (City or town) (State or foreign country)
14. Exact Occupation **Lawyer**
15. Industry or Business **Law**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Edice M. Leakey**
17. Color **white** 18. Age at time of THIS birth **31** yrs.
19. Birthplace **Spokane** (City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business **housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **don't know**

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** County of **Twin Falls** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears in Item 4, above, that I am now **78** years of age, that I have known this person for **43** years, and that **Dr. H. Smith** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmund M. Welfz Signature
362-7th Ave East Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this **18th** day of **April**, 19**42**

(SEAL)

Paul G. Jackson

Notary Public, residing at **Twin Falls, Ida**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 23 1942

by

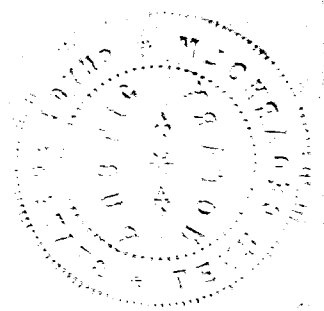
Mary E. Egan

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



595-121-006-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342817**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Bingham</u> (b) City <u>Firth</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Firth</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>30</u> yrs. (f) Mother's mailing address <u>Deceased</u>	
4. FULL NAME OF CHILD <u>Daniel Lund Nielsen</u>		5. Date of Birth (Month, day, year) <u>June 21, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>One</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Nielsen</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Lillelugede, Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL NAME <u>Wilhelmine Axeline Andersen</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>43</u> yrs. 19. Birthplace <u>Larsler, Denmark</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8
 (c) Born alive and now dead 2 (d) Stillborn 1 none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 24 1942 (Date received) **(b)** Mrs. E. E. E. E. (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho } ss.
 County of Bingham }
 I, Rosa Taylor, being first duly sworn, say that I am Related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ingelstrom (Name of attendant at birth) _____, who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
 I, Rosa Taylor, being first duly sworn, say that I am Related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ingelstrom (Name of attendant at birth) _____, who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

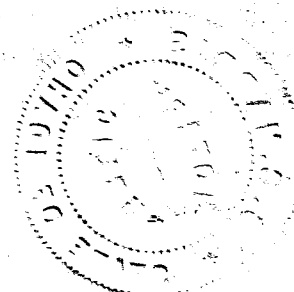
Subscribed and sworn to before me on this 15th day of April, 1942.
 (SEAL) C. C. Harris Notary Public, residing at Blackfoot Idaho
 Signature _____ P. O. Address _____

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-219-229-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342881**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Idaho** (b) City **Juliaetta**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Residence**
(e) Mother's stay BEFORE delivery:
IN THIS county **4** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Idaho**
(c) City **Juliaetta**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **6** yrs.

3. RESIDENCE OF FATHER (city, state) **Juliaetta, Idaho**

4. FULL NAME OF CHILD

Bertha Hazel Wilson 5. Date of Birth of Child
(Month, day, year) **Oct. 19, 1898**

6. Sex **Female** 7. Twin or Triplet **NO** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Cornelius William Wilson**
11. Color **White** 12. Age at time of THIS birth **51** yrs.
13. Birthplace **Newport Tennessee**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Jane Bira**
17. Color **White** 18. Age at time of THIS birth **44** yrs.
19. Birthplace **Newport Tennessee**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Farming**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **12** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Nez Perce** ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Sister** of the person whose name appears in Item 4, above, that I am now **59** years of age, that I have known this person for **43** years, and that **Lillie Hall** who attended this birth **cannot be located** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Flora Rogers Signature
Lapwai, Idaho P. O. Address

Subscribed and sworn to before me this **13th** day of **April**, 19 **42**.
(SEAL) **Russell W. Taylor** Notary Public, residing at **Lapwai, Idaho**.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 27 1942** by **Russell W. Taylor** Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

255-121-028-553

342916

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home stead
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD

Harry George Benson

5. Date of Birth of Child

(Month, day, year) July 21, 1928

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Louis Benson

11. Color or Race

white

12. Age at time
of THIS birth 30 yrs.

13. Birthplace

Smoland Sweden

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anne Matilda Nelson

17. Color or Race

white

18. Age at time
of THIS birth 28 yrs.

19. Birthplace

Siddermalen Sweden

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Kootenai ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that my name is Nelson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of April 1928

(SEAL)

Stadie C. Weeks

Notary Public, residing at Coeur d'Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 27 1942

by

Maud E. Nelson

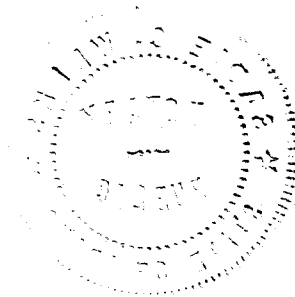
Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342929**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Birth was at home
(e) Mother's stay BEFORE delivery:
IN THIS county 27 years 2 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs

3. RESIDENCE OF FATHER (city, state) Sandpoint Idaho

4. FULL NAME OF CHILD Raymond Doss Dishman

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

5. Date of Birth of Child (Month, day, year) September 20 1927

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wilton B. Dishman
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Wilmington, N.C.
(City or town) (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie Doss Dishman
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Osprey, Ky.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature Dissaud M.D. Midwife Address Date

State of California County of Los Angeles ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 30 years, and that

Mrs. Rebecca (First name) Dissaud (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Doss Dishman Signature
2235 WEST 25TH ST P. O. Address

Subscribed and sworn to before me this 25 day of April, 1947

(SEAL) Notary Public Notary Public, residing at 1136-S BURNSIDE BLVD

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) LOS ANGELES, CALIF

Received for filing on APR 27 1947 by Marj E. ... Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-105203-462

342930

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Ida

4. **FULL NAME OF CHILD** Elza Leomidas Barbour

5. Date of Birth of Child
(Month, day, year) March 5, 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jefferson Barbour
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Manti Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Masonry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Arminda Moss
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Big Cottonwood Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rachel Moss Barbour, who is related to this child as Mother.
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Mrs. Gully, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this recorded under Chapter 139, 1937 Session Laws.

(Rachel Moss Barbour)

Rachel Moss

Signature

215 Ramage St., Twin Falls, Idaho P.O. Address

Subscribed and sworn to before me this 23rd day of April, 1942.

(SEAL)

Russell C. Williams

Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by M. J. [Signature] Registrar.

MAR 30 1951

MAY 16 1951

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-102-004-466

342986 342986

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Nounan
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho**4. FULL NAME OF CHILD**Fred Lorenzo Minnig.

5. Date of Birth of Child

(Month, day, year) 2/2/ 18986. Sex male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? Yes**FATHER OF CHILD****10. FULL NAME**John Minnig

11. Color White 12. Age at time
or Race..... of THIS birth 39 yrs.
13. Birthplace Bern, Switzerland.
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business None

MOTHER OF CHILD**16. FULL MAIDEN NAME**Elizabeth Moorey

17. Color white 18. Age at time
or Race..... of THIS birth 29 yrs.
19. Birthplace Bern, Switzerland.
(City or town) (State or foreign country)
20. Exact
Occupation Housewife.
21. Industry or
Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Used some medicine but dont know name23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signatureM.D.
Midwife

Address

Date

State of Idaho
County of Bear Lake, } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**father**.....of the person whose name appears
in Item 4, above, that I am now 39 years of age, that I have known this person for all his years, and that
Dr. C. A. Hobber....., who attended this birth now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

John Minnig.....Signature
Nounan, Idaho......P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942.

(SEAL)

Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343008
Local Reg. No. 343008
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City BATES
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City BATES
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 40 yrs.

4. **FULL NAME OF CHILD** JAMES GAIL BRIGGS

3. **RESIDENCE OF FATHER** (city, state) BATES-IDAHO
5. Date of Birth of Child (Month, day, year) 10-16-1898

6. Sex MALE 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd ☒

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** JAMES LORENZO BRIGGS
11. Color WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace SALT LAKE UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business STOCK GROWER

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MARY JANE NAYLOR
17. Color WHITE 18. Age at time of THIS birth 30 yrs.
19. Birthplace SALT LAKE UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho County of Bannock } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 20 years, and that unknown who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public Commission
Expires Febr. 15, 1946. R. L. Baylter Signature
Fremont Hotel, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942.
(SEAL) Theodore A. Galt Notary Public, residing at Pocatello, Idaho

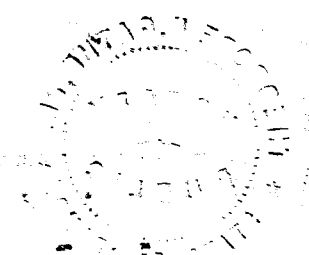
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



State of Idaho (.
(ss
County of Fremont (

We, the undersigned, hereby state and affirm that we have known James Gail Briggs for forty three years. He was born at Bates, Idaho October 16, 1898. We further state and affirm that we are more than fifteen years older than the said James Gail Briggs.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this 26th day of January 1942.

Geo. A. Briggs

Frank S. Liddaway

James Gardner

Subscribed and sworn to before me, A. E. Archibald, a Notary Public in and for said county and state this 26th day of January 1942.

A. E. Archibald
Residing at St. Anthony, Idaho

My Commission expires
August 17, 1944.

APR 30 1942

715-120-009-869

343090

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Morton
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home:
Born at own home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Morton
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Morton Idaho**4. FULL NAME OF CHILD**Edward Clifford Tanner**5. Date of Birth of Child**(Month, day, year) October 30, 1898

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Henry Tanner
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Buffalo New York
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Harming

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Horn
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Polina Lake, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Bonner

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 43 years, and that May Graves, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Josephine Tanager Signature
Dr. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of April 1942

(SEAL)

Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-204, Idaho Code Annotated.) My commission expires 1942

Received for filing on

APR 27 1942

by

Mar 26 1942

Registrar.

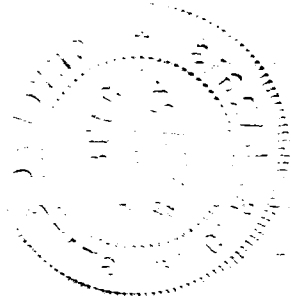
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343154

155-105036866

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County. Oneida (b) City. Weston
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: Born in own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State. Idaho (b) County. Oneida
(c) City. Weston
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 63 yrs.
(f) Mother's mailing address. Weston, Idaho

4. FULL NAME OF CHILD Ralph Lorenzo Jensen
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

3. RESIDENCE of FATHER (city, state) Weston, Idaho
5. Date of Birth (Month, day year) Sept. 5, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Lorenzo Jensen
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace. Dayton, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Emily Elvira Hoopes
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace. Weston, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 29 1942 (Date received) (Mother, _____)
(Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
and address _____ (D.O., Midwife, etc.) Date _____

State of Idaho } ss.
County of Madison

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emily Elvira Hoopes Jensen, being first duly sworn, say that I am related to Ralph Lorenzo Jensen as his mother (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Clarke (Name of attendant at birth) _____, who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emily Elvira Jensen Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of April, 19 42
Notary Public Notary Public, residing at Rexburg, Idaho

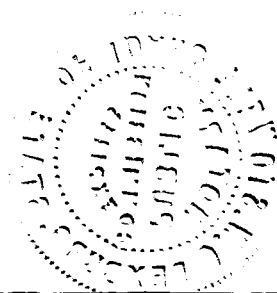
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

852-127 040-818

343167

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho

4. **FULL NAME OF CHILD** Harry Wardner Heslin
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Male

5. Date of Birth of Child
(Month, day, year) 2-27-1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thomas Heslin
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Saratoga Springs, New York
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business U. S. Government-teamster

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Clara Hahn
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Philadelphia, Penn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Idaho
State of.....
County of Kootenai } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 44 years, and that Doctor, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. H. Fredericks Signature
902 B Street., Coeur d' Alene., Ida. P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.
(SEAL) Harry H. Mehl Notary Public, residing at Coeur d' Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Harry H. Mehl, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 30 1938

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395 125 029 386

343173

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>R. F. D.</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>on farm</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Richard Lindsay</u>		3. RESIDENCE OF FATHER (city, state) 5. Date of Birth of Child (Month, day, year) <u>Jan. 25, 1898</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Stonewall Jackson Lindsay</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Siskiyou County, California</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Agnes Ellen Thompson</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Allegheny, Pennsylvania</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's
OWN signature M.D. Address Date

State of Idaho } ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the J. E. T. H. of the person whose name appears
(First name) (Last name) (Mother, etc.)
in Item 4, above, that I am now 77 years of age, that I have known this person for 7 years, and that
Dr. E. T. H. who attended this birth Dr. E. T. H. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Stonewall Jackson Lindsay Signature
P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942
(SEAL) [Signature] Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

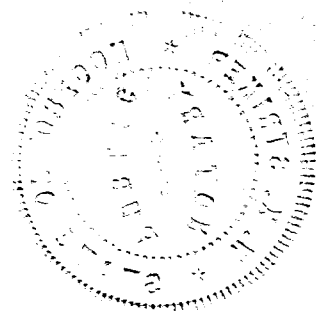
Received for filing on APR 29 1942 by Mabel T. H. Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

754 207038 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343175

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Payette (b) City Payette

(c) ~~Street Address~~ or R.F.D. No. 2

(d) Name of Hospital or Maternity Home:

Farm Home 2 1/2 miles Northeast of Payette.

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Payette

(d) ~~Street Address~~ or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD

Emma Marie Peutz.

6. Sex Female 7. Twin or Triplet ---

If so--born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Peutz.

11. Color White 12. Age at time of THIS birth 26 yrs.

13. Birthplace Gundelsby, Germany.
(City or town) (State or foreign country)

14. Exact Occupation Farmer.

15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Michelsen.

17. Color White 18. Age at time of THIS birth 22 yrs.

19. Birthplace Copenhagen, Denmark.
(City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Housekeeping.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
OWN signature Midwife

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Dr. F. B. Delano, M.D. who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benny Peutz Signature
R.F.D. #2, Payette, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.
(SEAL) W.R. McLean Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by M. J. [Signature] Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record type bearing FIRST-CLASS postage to State. Every copy requires an advance payment of fifty c.

Completing this certificate. Mail COMPLETED certificate in envelope Yes, Boise, Idaho, for filing. No charge for filing. Each certified or coin.

663-111-001-466

9 43 2 47 343247

United States
Départment of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County.....Ada..... (b) City.....Boise.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State.....Idaho..... (b) County.....Ada.....
(c) City.....Boise.....
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year).....2/11/98

4. FULL NAME OF CHILD.

John Clifford Gillum Now John Clifford

Foley

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

No. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mack Gillum (now deceased)

11. Color or Race White 12. Age at time of THIS birth 23 yrs.

13. Birthplace State of Indiana (City or town) (State or foreign country)

14. Exact Occupation Painter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Altha Gillum

17. Color or Race White 18. Age at time of THIS birth 23 yrs.

19. Birthplace Miami County, Kansas (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

* Name changed to John Clifford Foley by Order of the Garland Circuit Court, State of Arkansas on April 14, 1942. Authentic copy of Order for Change of Name, No. 6679, filed this 18th day of April, 1942. *Marcel Z. Zedler* Director, Bureau of Vital Statistics, Boise, Idaho

OWN signature

State of.....Arkansas.....
County of.....Garland..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....76.....years of age, that I have known this person for.....44.....years, and that

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* *Altha Gillum* Signature
Country Club Lane, Hot Springs, Ark. P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL)

John E. Jones Circuit Clerk, Hot Springs, Ark.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by *Marcel Z. Zedler* Registrar.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Order filed in Adoption File under Gillum, Harry

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

712-109 035-395

343295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Grifford Idaho</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At Residence</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Grifford</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>William Dietrich Prabst</u>		3. RESIDENCE OF FATHER (city, state) <u>Grifford Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 9 1898</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd <u>6th child</u> 8. No. months of Pregnancy <u>nine</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>HERMAN H. Prabst</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Darmstadt, GERMANY</u> (City or town) (State or foreign country) 14. Exact Occupation <u>General Blacksmith</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Dorothy Katherine Linnecke</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Elstorf, GERMANY</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife

State of Idaho ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for Since Birth years, and that D.R. J. Harrington, who attended this birth now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28th day of April, 1942
(SEAL) Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Mabel Heaton, Registrar.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343340
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Weston, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county yes years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County Franklin
(c) City WESTON
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) JANUARY 11-1898

4. FULL NAME OF CHILD

LUELLA EMILY ALLEN

6. Sex FEMALE 7. Twin or Triplet Yes 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ALEXANDER ALMA ALLEN

11. Color WHITE 12. Age at time of THIS birth 46 yrs.

13. Birthplace Idaho (City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ELISABETH C. LEARK

17. Color WHITE 18. Age at time of THIS birth 35 yrs.

19. Birthplace Ogden, Utah (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born M. on the date Jan 11 1898

and at the place stated above, and that personal particulars were furnished by Elizabeth C. Allen, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature Elizabeth C. Allen M.D. Midwife Address Date

State of Idaho County of Franklin ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Elizabeth C. Allen of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 74 years, and that

Elizabeth C. Allen who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth C. Allen Signature

Subscribed and sworn to before me this 16 day of April 1942 P. O. Address West Weston, Idaho

(SEAL) Notary Public Notary Public, residing at Salida, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Marj Beelen Registrar.

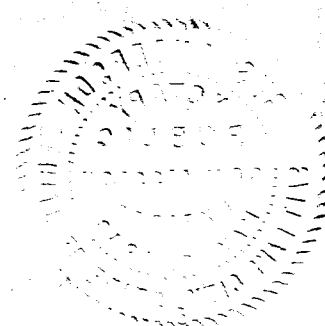
WY 9

142

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, 1937 Session Laws, has not been recorded, or in case of birth which has occurred subsequent to such date, may be received and filed by the local registrar for the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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249105-014-MAY 4 643

343366

343366

United States
Department of Commerce
Bureau of the Census

1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343366
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 63 yrs

4. FULL NAME OF CHILD Albert Leroy Burdige
7. Twin or Triplet If No - born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Emmett Idaho
5. Date of Birth of Child (Month, day, year) May 5 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME George Ebenzer Burdige
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Emmett Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter Farmer
15. Industry or Business Tradesman

MOTHER OF CHILD
16. FULL MAIDEN NAME Louella Fuller
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Emmett Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho ss. County of Lemhi

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 74 years, and that Mrs. R. V. Pratt, who attended this birth, deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of May 1942
(SEAL) Apr 26 Clark Notary Public, residing at Emmett Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel E. Eder, Registrar.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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The present name of this party for whom Certificate is asked is
United States (Be sure the information is as of date of birth of THIS child) State File No. 343387
Department of Commerce CERTIFICATE OF BIRTH
Bureau of the Census LUCILLE B. MATTHEWS STATE OF IDAHO 343387
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 33 years 8 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Roesberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD LUCILLE Blanch Patricks
5. Date of Birth of Child (Month, day, year) Aug. 30, 1908
6. Sex Girl 7. Type of Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Henry Patricks
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Mahala (Patricks) Evans
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 7th

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Idaho Canyon } ss.
State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for since birth years, and that Mrs. Evans, who attended this birth is dead. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature of Mahala Patricks Evans
Nampa, R.R. # 4. P.O. Address

Subscribed and sworn to before this 1st day of May, 1942.
(SEAL) Notary Public, residing at Nampa Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Maud Elder, Registrar.

JAN 18 1955

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-201-022-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343425**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Plano
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Plano
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Plano, Idaho

4. **FULL NAME OF CHILD** Lulu Audeen Homer

5. Date of Birth of Child
(Month, day, year) Jan. 1, 1898

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Parley Pratt Homer
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Clarkston Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Henrietta Van Orden
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Lewiston Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Henrietta Homes, who is related to this child as Mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California }
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 42 years, and that Doctor, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henrietta Homes Signature
1057 W. Third St., Santa Ana, Calif. O. Address

Subscribed and sworn to before me this 32nd day of April, 1942.
(SEAL) Glady A. Smith Notary Public, residing at Santa Ana, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) Commission expires December 14, 1944

Received for filing on MAY 1 1942 by Maude E. Egan, Registrar.

MAY 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-122029 543

343549

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
ranch home
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Ida

4. FULL NAME OF CHILD

James Adam Stewart

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Issacca Stewart

11. Color or Race

wh.

12. Age at time of THIS birth

39 yrs.

13. Birthplace

unknown

(City or town)

(State or foreign country)

14. Exact Occupation

Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Nancy Jane Eutaler

17. Color or Race

wh.

18. Age at time of THIS birth

16 yrs.

19. Birthplace

Stockton Calif.

(City or town)

(State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living none

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6 A. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Belle Currin, who is related to this child as daughter (First name) (Last name)

25. Attendant's OWN signature

Belle Currin

M.D.
Midwife

Address 829-4th Clarkston Date April 28, 42

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that (Mother, etc.)

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)

Received for filing on MAY 1 1942 by Mary J. Baker, Registrar.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

731-125031-749

343565

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LEWISTON (b) City Southwick
(c) Street Address or R.F.D. No. G.P.O.
(d) Name of Hospital or Maternity Home:
AT OWN HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County LEWISTON
(c) City Southwick
(d) Street Address or R.F.D. No. G.P.O.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Southwick Id.

5. Date of Birth of Child
(Month, day, year) MAY 25 1898

4. FULL NAME OF CHILD Conrad Arthur PLANK

6. Sex MALE 7. Twin or Triplet X If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Melvin PLANK
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace NAPPENEE INDIANA
(City or town) (State or foreign country)
14. Exact Occupation MAIL CARRIER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HATTIE PREMELIA Gurnsey
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace NENT #10WA
(City or town) (State or foreign country)
20. Exact Occupation House WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of CALIFORNIA } ss.
County of KERN

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 44 years, and that MARY PLANK who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ells Plank Hill Signature
Rt. 4, Box 407, Bakersfield, Calif. P.O. Address

Subscribed and sworn to before me this 29th day of April, 1942

(SEAL) [Signature] Notary Public, residing at Bakersfield, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 5/1/45

Received for filing on MAY 4 1942 by [Signature] Registrar.

MAY 8 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-128036215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343754

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. <u>P.O.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. <u>P.O.</u> (e) How long has MOTHER lived in Idaho? <u>50</u> yrs.	
4. FULL NAME OF CHILD <u>Alton D. Lowe</u>		3. RESIDENCE OF FATHER (city, state) <u>Franklin, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>July 28, 1898</u>	
6. Sex <u>male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9mo.</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Holloway Lowe</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Franklin, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Adelaide Sant</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Clifton, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.....			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California County of Los Angeles ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Mary Hawkins, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APR. 22, 1944

Subscribed and sworn to before me this 4th day of May, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mary Hawkins, Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

343762

163124030-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Pahsiamari
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Pahsiamari Valley
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ririe, Idaho

4. **FULL NAME OF CHILD** William Harold Jolley
7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
6. Sex Male

5. Date of Birth of Child (Month, day, year) June 24, 1898
8. No. months of Pregnancy 9 mos 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Gilbert Jolley
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Livingston County, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lucy Gallagher
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation No occupation (housewife)
21. Industry or Business Unknown to this affiant.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Registered nurse in attendance
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho City of Bonnaville } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Mrs. Alfonso Barslow, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

William Gilbert Jolley Signature
Ririe, Jefferson County, Idaho O. Address
Subscribed and sworn to before me this 4th day of May, 1942.
(SEAL) Notary Public, residing at Idaho Falls, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

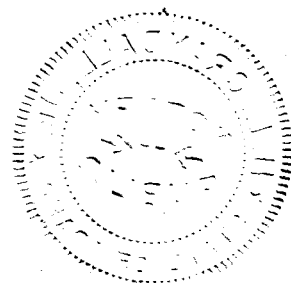
Received for filing on MAY 5 1942 by Marj H. [Signature] Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814 217029 458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **34376**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Minnie Grace Hampton
6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)
5. Date of Birth of Child (Month, day, year) Jan. 17th 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Fred B. Hampton
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Leicester, North Carolina
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Tena Meyer
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Genesee, Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for lifetime years, and that Dr. Beck who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Fred B. Hampton Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of April, 1942.
(SEAL) [Signature] Notary Public, residing at Genesee, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

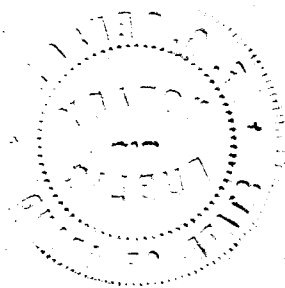
Received for filing on MAY 5 1942 by Mary T. [Signature] Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343769**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOLE
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 6 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** ADRIAN ROBERTS

5. Date of Birth of Child
(Month, day, year) JAN. 23, 1898

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** MERRIL REACE ROBERTS
11. Color WHITE 12. Age at time of THIS birth 26 yrs.
13. Birthplace SIDNEY IOWA
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AMANDA JOSEPHINE OLSON
17. Color WHITE 18. Age at time of THIS birth 18 yrs.
19. Birthplace SWAN LAKE ILL.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by MERRIL REACE ROBERTS, who is related to this child as FATHER (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of IDAHO } ss.
County of SHOSHONE

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that MARY EUSTICE, who attended this birth DECEASE (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M.R. Roberts

CLARKIA IDAHO

Signature

P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942

(SEAL)

Notary Public, residing at CLARKIA IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

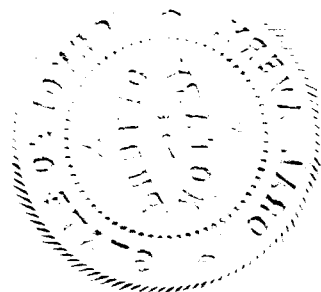
Received for filing on MAY 4 1942 by Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343909**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Lava Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Lava Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 65 yrs.

3. RESIDENCE OF FATHER (city, state) Died June 11/98
5. Date of Birth of Child October 3rd 1898
(Month, day, year)

4. FULL NAME OF CHILD

Francis Potter

6. Sex

Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Franklin Clarence Potter
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace March Valley Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Sanderson
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation Farmer Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho County of Bannock ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Mrs. Betterfield who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of May

(SEAL)

Notary Public

Notary Public, residing at Lava Hot Springs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

by

M. J. Peeler

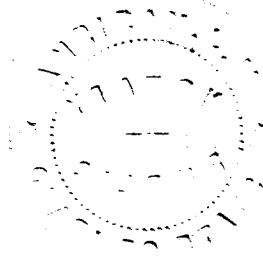
Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

384 115006-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343915
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. No
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child

(Month, day, year) Oct. 15, 1898

4. FULL NAME

OF CHILD JENKES, EDWARD THORNTON

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Jenkes
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Ft. Green Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Hicks
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Nebraska City Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the No relation of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for Oct 15, 1898 years, and that Mrs. Wade Smith who attended this birth is now deceased further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. P. Hansen Signature
1512 No 14th P. O. Address
Boise Idaho

Subscribed and sworn to before me this 30 day of April, 19 42
(SEAL) W. Reed Miller Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

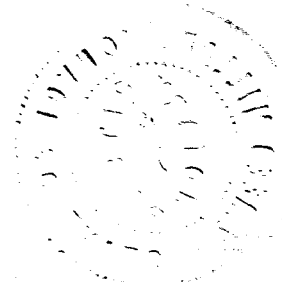
Received for filing on MAY 5 1942 by Mabel G. Belcher Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343961
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City Custer
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Custer
(c) City Bay Lanes
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) July 4th 1898

4. FULL NAME OF CHILD

Leroy Hillman

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leroy Hillman
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Fort Harrison, Utah
(City or town) (State or foreign country)
14. Exact Occupation Manager of Mine
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Centurus
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Arizona County of Maricopa } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that Dr. L. Brown who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Hillman Signature
67 E. Vernon, Phoenix, Arizona P. O. Address

(My Commission Expires 1/12/46)
Subscribed and sworn to before me this 5th day of May, 19 42.
(SEAL) Harry J. Dunham Notary Public, residing at Phoenix, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Zeller Registrar.

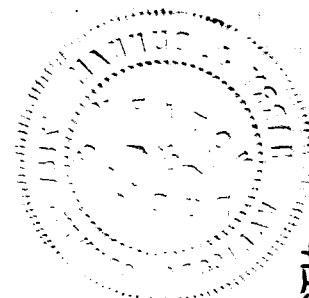
MAY 10 1966

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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BOTH

DELAYED

dup of 1898-336362

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 101 004 - 712

343994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 28 yrs.

4. FULL NAME OF CHILD

John Dangle Thornock

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Thornock
11. Color white 12. Age at time
or Race of THIS birth 31 yrs.
13. Birthplace Farmington Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Silena Passey
17. Color white 18. Age at time
or Race of THIS birth 28 yrs.
19. Birthplace Paris Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Jefferson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father in law of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 21 years, and that Emma Thornock, who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. W. Johnson Signature
R. Roberts Idaho P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942.

(SEAL) -

Arthur P. Jensen Notary Public, residing at Idaho

(Note: Perjury is punishable as in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Marl E. Jensen, Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344018**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nes Perce (b) City Efford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay BEFORE delivery:
IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nes Perce
(c) City Efford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

4. FULL NAME OF CHILD

John Robins Butler

3. RESIDENCE OF FATHER (city, state)
5. Date of Birth of Child Feb 21 - 1898
(Month, day, year)

6. Sex male 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Cleveland Butler
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Transville Oregon
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Ellen Richardson
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Genesee Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, ~~stillborn~~),
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Washington M.D. Chenka Address Date

State of Washington ss.
County of Chenka

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that
(First name) Barnett (Last name) who attended this birth. I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) W. H. Stone Notary Public, residing at Stimpside Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

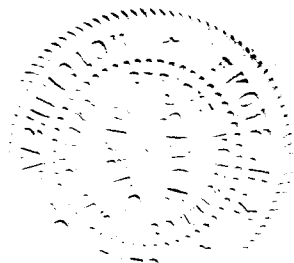
Received for filing on MAY 6 MAY 6 1942 by Mary H. H. H. Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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895-217006-559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344021**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Family ranch
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD** Grace Jewel Hines
5. Date of Birth of Child (Month, day, year) Mar 17, 1898
6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Charles Henry Hines
11. Color White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Zanesville, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Rosetta Neider
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Table Rock, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho County of Bonneville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 44 years, and that Mrs. Martha Weeks, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Winder Signature
1198 Cassia Ave. Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of April, 19 42
(SEAL) Clark of Probate Court Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Marj Hester Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

144230035396

344047

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Melrose
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Melrose
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 yr. 7 mo.

3. RESIDENCE OF FATHER (city, state) Melrose Idaho
5. Date of Birth of Child
(Month, day, year) Dec. 30, 1898

4. FULL NAME OF CHILD

Mabel Tray Addington

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Oscar J. Addington
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Opukha Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Sarah Crockett
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Ladonia Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Calif ss.
County of San Bernardino

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 years, and that Mary Berry who attended this birth..... I further state that
(First Name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4 day of May, 1942
(SEAL) Walter E. Pfender

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Bessie S. Addington Signature
11-Box 249 C Cotton Calif P. O. Address

Received for filing on MAY 6 1942 by Mabel Tray Addington Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-208031765

344056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lewis (b) City Hamiah
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 6 months days

4. FULL NAME OF CHILD

Ioda Jean Johnston

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lewis
(c) City Hamiah
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 10 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child
(Month, day, year) Dec 8, 1898

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Charles Johnston

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace (City or town)

Sweden (State or foreign country)

14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Amanda J Jones

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace (City or town)

Asburm, Oregon (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4:00 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Amanda Johnston, who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Address

Date

State of Washington ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years, and that

Mrs. Cynthia McCaffrey who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda Johnston Jones Signature
2315 N College Ave. P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Spokane

Received for filing on MAY 6 1942 by Mabel E. Epler Registrar

JAN 14 1966

MAY 9 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-219003-759

344085

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>636 N. Grant Ave</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: <u>9</u> yrs IN THIS county <u>9</u> years -- months -- days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>636 N. Grant</u> (e) How long has MOTHER lived in Idaho? <u>9</u> yrs	
4. FULL NAME OF CHILD <u>Maud Theresa Worel</u>		3. RESIDENCE OF FATHER (city, state) <u>Pocatello, Ida</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	5. Date of Birth of Child (Month, day, year) <u>10/19/1898</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Albert Worel</u>		16. FULL MAIDEN NAME <u>Eleanor Frances Perfield</u>	
11. Color <u>White</u>	12. Age at time of THIS birth <u>34</u> yrs.	17. Color <u>White</u>	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Iowa City, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Camden County, N.J.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Musician</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....6.. (b) Born alive and now living.....3..

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....

State of.....Idaho.....**ss.**
County of.....Bannock.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....78.....years of age, that I have known this person for.....life.....years, and that.....Dr. H.A. Castle....., who attended this birth.....is now deceased..... I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....William Albert Worel.....Signature
.....636 N. Grant Avenue, Pocatello.....P. O. Address

Subscribed and sworn to before me this.....14.....day of.....April.....19.....47.....
(SEAL).....Dr. H.A. Castle.....Notary Public, residing at.....Pocatello, Idaho.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

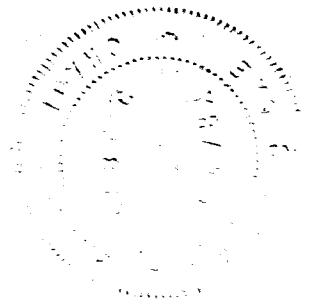
Received for filing on.....APR 21 1942.....by.....Maud Theresa Worel....., Registrar.

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-109036-444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344101**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Le Roy L. Richards

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John C. Richards

11. Color or Race

white

12. Age at time

24 yrs.

13. Birthplace

San Francisco, California

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Rudley

17. Color or Race

white

18. Age at time

10 yrs.

19. Birthplace

Malad, Idaho

(City or town) (State or foreign country)

20. Exact Occupation

home maker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ben

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 24 years of age, that I have known this person for 10 years, and that

D. D. MACATEE
(First name) (Last name)

who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of May, 1942

(SEAL)

Notary Public, residing at Ben

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 8 1942

by

Malad, Idaho

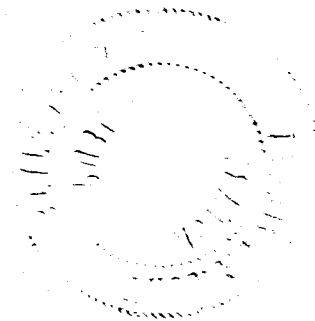
Registrar.

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

635 218009-336

344124

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
3. RESIDENCE OF FATHER (city, state) Clarks Fork Idaho

4. FULL NAME OF CHILD Oral Agnes Flemming
5. Date of Birth of Child (Month, day, year) Jan 18th 1898
6. Sex Female 7. Twin or Triplet Yes If so born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Walter Sewell Flemming
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace South Robinson, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Rosalee Lloyd
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Penn Burnside, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO County of BONNER } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Mrs. J. Foreman, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Jane Pretre Signature
Clarks Fork Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942
(SEAL) Clarence Reed Notary Public, residing at Clarks Fork, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. 249 6/17/45

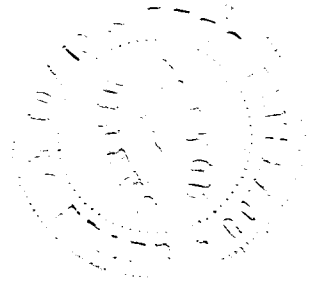
Received for filing on MAY 8 1942 by Mabel Helmer Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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415-109 035-455

AMENDED 2-13-51

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344202
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Chester Clyde Manning</u>		3. RESIDENCE OF FATHER (city, state) <u>Lewiston, Idaho</u>	
6. Sex <u>male</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 9, 1898</u>	
7. Twin or Triplet <u>Triplet</u>		8. No. months of Pregnancy <u>8</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Alfred Manning</u>		16. FULL MAIDEN NAME <u>Minnie Mendenhall</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>38</u> yrs.		18. Age at time of THIS birth <u>33</u> yrs.	
13. Birthplace <u>Old Town, Main</u> (City or town) (State or foreign country)		19. Birthplace <u>Stockton, Calif.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ **M.D.** _____ **Address** _____ **Date** _____
OWN signature _____ **Midwife** _____

State of Washington } **ss.** _____
County of Whatcom }
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 43 years, and that Dr. Morris who attended this birth is deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie E. Johnson _____ Signature
1506 Ellis St. Bellingham Wash. _____ P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942
(SEAL) A. E. Byrne _____, Notary Public, residing at Bellingham, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 7, 1942 by Mabel F. Elder _____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

344202
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 15 yrs
3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida

4. **FULL NAME OF CHILD** Chester Clyde Manning
5. Date of Birth of Child
(Month, day, year) Nov. 9, 1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 8 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Chester Clyde Manning
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Old Town, Maine
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minnie Mendenhall
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Stockton, Calif
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Whatcom

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above; that I am now 56 years of age, that I have known this person for 43 years, and that Dr. Morris who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucie E. Johnson Signature
1506 Ellis St., Bellingham, Wash P. O. Address

Subscribed and sworn to before me this 4 day of May, 19 42
(SEAL) J. E. Reym Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated)

Received for filing on MAY 7 1942 by W. H. Johnson, Registrar.

MAY 12 1942

FEB 13 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Whatcom } ss.

Certificate No. 344202

Date Filed MAY 27 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
for Chester Clyde Manning who was born on 11-9-1898
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Lewiston, Idaho are erroneous or were omitted; and that, to the best of her knowledge, the
(Place of Event)
true facts are shown by Personal Knowledge & Bible Record 1916 prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED	FROM	TO
("Name", "Birth Date", "Cause of Death", Etc.)	(As on Original)	(The Correct Facts)
<u>Father's name</u>	<u>Chester Clyde Manning</u>	<u>James Alfred Manning</u>

Subscribed and sworn to before me this 25th
day of May 19 42

A. E. Byrne
Notary Public, residing at Bellingham,

My commission expires Feb. 2, 1943
(Seal)

Signed Susie E. Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1506 Ellis St. Bellingham, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Whatcom } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of my knowledge.

Subscribed and sworn to before me this 25th
day of May 19 42

Esther Rader
Notary Public, residing at Bellingham,

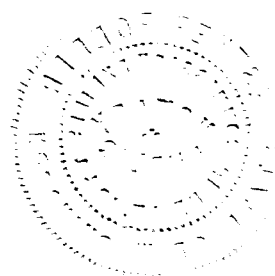
My commission expires June 17, 1944
(Seal)

Signed June E. Byrne
(Signature of Any Credible Person Other Than Previous Year)

Box 596, Bellingham, Wash.
(Street Address, City, State)

MAR 28 1961

FEB 1 1961



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

123 128-003-123

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

3 44268

344268

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No. Neither
(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay BEFORE delivery:

IN THIS county 11 years 8 months 26 days

4. FULL NAME OF CHILD

Leo Aston

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Thomas Aston

11. Color white 12. Age at time
or Race of THIS birth 31 yrs.

13. Birthplace Bancroft, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Lime Kill Operator

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice Madeline Aston

17. Color white 18. Age at time
or Race of THIS birth 30 yrs.

19. Birthplace Bancroft, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife & Midwife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
in Item 4 above, that I am now 52 years of age, that I have known this person for seven years, and that

Mrs. Helen Madeline who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mary E. Edgar, Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

981-204040-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344423
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? two yrs.
3. **RESIDENCE OF FATHER** (city, state) Gem, Idaho

4. **FULL NAME OF CHILD** Elsie Mary Bridget Ryan
5. Date of Birth of Child
(Month, day, year) September 4, 1898
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|---|
| 10. FULL NAME <u>JOHN PATRICK RYAN</u> | 16. FULL MAIDEN NAME <u>Katie McGraw</u> | 11. Color <u>White</u> | 17. Color <u>White</u> |
| 12. Age at time of THIS birth <u>38</u> yrs. | 18. Age at time of THIS birth <u>28</u> yrs. | 13. Birthplace <u>Thurles, Ireland</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Thurles, Ireland</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>cook</u> | 20. Exact Occupation <u>housewife</u> | 15. Industry or Business <u> </u> | 21. Industry or Business <u> </u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho County of Shoshone } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Dr. Genoway, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie McGraw Ryan Signature
409 Pine Street, Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 19 42
(SEAL) [Signature] Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel H. [Signature] Registrar.

JUN 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463 205 008-792

1. PLACE OF BIRTH

County of Boise
 City of Placerville
 No. St.

(If born in hospital or institution give name.)

MAY 1 1942

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

344431

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD

Mary Alice Motto

3. Sex Female 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7th Legitimate Yes 7. Date of birth Aug 5 1898
 (Month, Day, Year)

8. Full name FATHER Jacob C Motto 18. Full maiden name MOTHER Rosa E. Gibbs

10. Residence (usual place of abode) Placerville Idaho 19. Residence (usual place of abode) Placerville Idaho
 (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 32 (years) 20. Color or race White 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Idaho City Idaho 22. Birthplace (city or place) Idaho City Idaho
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19. 25. Date (month and year) last engaged in this work 19.
 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
 (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn

29. If stillborn, months or weeks 30. Cause of stillbirth Before labor
 period of gestation During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 P. m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Clifford Child, M. D.

Give name added from a supplemental report or , Midwife

Miss E. S. Robinson Date of 7/4 1942 Address Centerville
7/4 1942 Registrar Miss E. S. Robinson Registrar

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 120 003 -389

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

344434
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Lago</u> (c) Street Address or R.F.D.No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>18</u> years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Lago</u> (d) Street Address or R.F.D.No. _____ (e) How long has MOTHER lived in Idaho? <u>42</u> yrs. (f) Mother's mailing address <u>deceased</u>	
---	--	--	--

4. FULL NAME OF CHILD <u>Leland A. Harris</u>		5. Date of Birth (Month, day year) <u>October 20 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>x</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME Casper Whittle Harris

11. Color or Race white **12. Age at time of THIS birth** 27 yrs.

13. Birthplace Richmond, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Martina Christensen

17. Color or Race White **18. Age at time of THIS birth** 27 yrs.

19. Birthplace Ogden, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead x (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) MAY 12 1942 (Date received) **(b)** [Signature] (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Casper Whittle Harris, being first duly sworn, say that I am related Leland A. Harris as his father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Nancy Gibbs (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Casper Whittle Harris Signature
P. O. Address _____

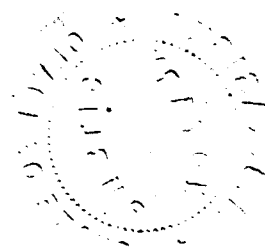
Subscribed and sworn to before me on this 2nd day of May Lava Hot Springs, Idaho
(SEAL) [Signature] Notary Public, residing at Lava Hot Springs, Idaho

MAY 14 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864 704 022-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344455
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Reynolds
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Reynolds
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/4 yrs.

4. **FULL NAME OF CHILD** William Lorenzo Young
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Reynolds, Ida.
5. Date of Birth of Child (Month, day, year) January 4, 1898
8. No. months of Pregnancy 9 9. Legitimate? ✓

FATHER OF CHILD
10. **FULL NAME** James Russell Young
11. Color White 12. Age at time of **THIS** birth 39 yrs.
13. Birthplace Scotland
(City or town) (State or foreign country)
14. Exact Occupation accountant
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bessie Elizabeth Taylor
17. Color White 18. Age at time of **THIS** birth 35 yrs.
19. Birthplace Staffordshire England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
State of Idaho County of Emato } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 44 years, and that Christina Watz who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna A. Young Signature
Reynolds, Idaho P. O. Address
Subscribed and sworn to before me this 17 day of May 1942
(SEAL) Notary Public, residing at Reynolds, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mar. Reeder Registrar.

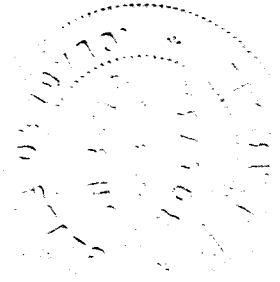
APR 19 1977

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-116029-239

344496

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Own Residence
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

Harold Hector Stinger

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 months

9. Legitimate?

Yes

5. Date of Birth of Child

(Month, day, year) April 16-1898

3. RESIDENCE OF FATHER (city, state) Genesee Idaho

FATHER OF CHILD

10. FULL NAME

Michael Stinger

11. Color or Race

White

12. Age at time of THIS birth

24 yrs.

13. Birthplace

Ontario Canada

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Stinger

17. Color or Race

White

18. Age at time of THIS birth

20 yrs.

19. Birthplace

Summersville, W. Va.

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Montana } ss.
County of Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that

....., who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jack Saunders Signature

Arlee, Montana P. O. Address

Subscribed and sworn to before me this 4th day of May 1942

(SEAL)

Carol Wellinger

Notary Public, residing at Residing at Arlee, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated. My commission expires September 27, 1944)

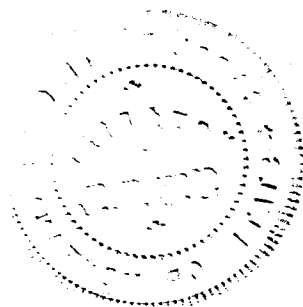
Received for filing on MAY 7 1942 by Marj E. Eifer Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-112-003-395

344548

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 32 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same -

4. **FULL NAME OF CHILD** DAVID EARL SIMMONS

5. Date of Birth of Child
(Month, day, year) Apr 12-1898

6. Sex MALE 7. Twin or Triplet NO - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9- 9. Legitimate? ye,

FATHER OF CHILD
10. **FULL NAME** ELI T. SIMMONS
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace UINTA UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Same -

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Treasure
17. Color or Race White 18. Age at time of THIS birth..... yrs.
19. Birthplace Flanagan, Neb.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Same -

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date

State of Idaho ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Fanny Stoddard, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of..... 19 42
(SEAL) Notary Public Notary Public, residing at Idaho Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mary Treloar Registrar.

MAR 14 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

957110 003-862

344588

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Coastello
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Coastello
(d) Street Address or R.F.D. No. Home
(e) How long has MOTHER lived in Idaho? 9 yrs.

4. **FULL NAME OF CHILD** Fredolph Theodore Ingelstrom
6. Sex Male
7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) April 10-1898
8. No. months of Pregnancy 9 months
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Lars John Ingelstrom
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Ustad Sweden
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bangta Johansson
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Melma Sweden
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho County of Bannock } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in item 24 above, that I am now 79 years of age, that I have known this person for all his life years, and that Dr. Bean or Dr. Fuller, who attended this birth are now deceased. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James P. Edgren Signature
Shelley Idaho P. O. Address
Subscribed and sworn to before me this 13 day of May, 1942
(SEAL) J. D. Jensen Notary Public, residing at Bailley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mabel Beeler Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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534 107 029 266

344656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>three</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>MOSCOW, Idaho</u>	

4. FULL NAME OF CHILD <u>George Koontz Elder</u>	5. Date of Birth of Child (Month, day, year) <u>April 7, 1898</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charley S. Elder</u>	16. FULL MAIDEN NAME <u>Mary Catherine Koontz</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>32</u> yrs.	18. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Saxton, Penn.</u> (City or town) (State or foreign country)	19. Birthplace <u>Everett, Penn.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farm Implement Salesman</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Farm Implements</u>	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
--------------------------------------	---------------------	----------------	-------------

State of.....California.....ss.
County of.....Imperial.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....74.....years of age, that I have known this person for.....years, and that.....Dr. Adair....., who attended this birth.....is now deceased..... I further state that.....is now deceased or (Cannot be located)

(First name) (Last name)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Catherine Elder.....Signature
P. O. Box 154, Brawley, California P. O. Address

Subscribed and sworn to before me this.....2nd.....day of.....April.....1942.....

(SEAL).....Henry Carey.....Notary Public, residing at.....Seama, Cal.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....MAY 13 1942.....by.....Mabel P. Elder.....Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795118 029 212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344703
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Cora
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Cora
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 20 yrs. yrs.

4. FULL NAME OF CHILD Dewey Chester Green
7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
6. Sex Male

3. RESIDENCE OF FATHER (city, state).....
5. Date of Birth of Child (Month, day, year) Dec. 18, 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Jake J. Green
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Watauga Co., North Carolina
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Annie Laura Baker
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Freeborn Co., Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....
State of Montana County of Lincoln } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for his birth years, and that Mrs. Chas. Simpson, Midwife, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jake J. Green Signature
Eureka, Montana P. O. Address
Subscribed and sworn to before me this 12th day of May, 1942
(SEAL) Notary Public, residing at EUREKA, MONTANA.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code. MY COMMISSION EXPIRES FEBRUARY 6TH, 1944.)

Received for filing on MAY 14 1942 by Mary H. Hester Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-102-032-444

344709

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Shoshone</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lincoln</u> (c) City <u>Shoshone</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>15</u> yrs	
4. FULL NAME OF CHILD <u>Charles Monroe Butler</u>		3. RESIDENCE OF FATHER (city, state) <u>Shoshone Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Jan 2, 1898</u>	
6. Sex <u>male</u>		7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd <u>—</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Alvin Lloyd Butler</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Clarkville Arkansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming & Cattle raising</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Lavina Dudley</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Salt Lake Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>House Keeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature M.D. **Midwife** **Address** **Date**

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that I attended this birth and who attended this birth Sarah Dudley who also is deceased
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mrs Rne Sims Signature
Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942
 (SEAL) Reuben H. Bean Notary Public, residing at Walla Walla, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

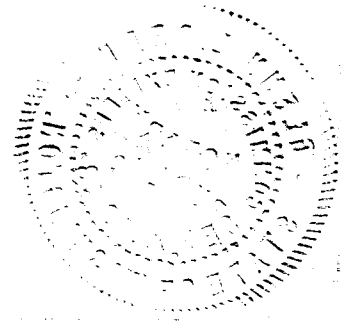
Received for filing on MAY 14 1942 by Marj G. Fisher Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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689-101-011-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344760
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boundary (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County Boundary
(c) City Hope
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Hope, Ida.

4. FULL NAME
OF CHILD

Andrew Dewey White

5. Date of Birth of Child

(Month, day, year) July 1, 1898

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL

NAME George Washington White

11. Color

white

12. Age at time

of THIS birth 37 yrs.

13. Birthplace

Missouri

(City or town)

(State or foreign country)

14. Exact

Occupation Mining

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Kate Alice Winter

17. Color

white

18. Age at time

of THIS birth 27 yrs.

19. Birthplace

Salt Lake City, Utah

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of OREGON } ss.
County of BAKER

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears
in Item 4, above, that I am now 54 years of age, that I have known this person for 43 years, and that

Mrs. Margaret White
(First name) his grandmother (Last name)

who attended this birth is now deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of May, 1942

(SEAL)

Notary Public, residing at

Baker, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

AUGUST 24, 1945

Received for filing on

MAY 14 1942

by

M. R. R. R. Registrar.

NOV 21 1930

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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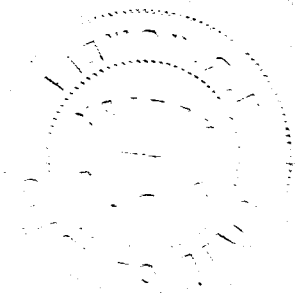
~~MAY 18 1942~~

MAY 18 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Broadford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years 5 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Broadford
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) Broadford, Idaho
5. Date of Birth of Child
(Month, day, year) May 21, 1898

4. **FULL NAME OF CHILD** Idaho May Northey
7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charles Northey
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Devonshire, England
(City or town) (State or foreign country)
14. Exact Occupation Shoemaker
15. Industry or Business Shoemaker

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Phillippa Rhodda Martyn
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Bristol, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address Date
Midwife

State of Utah ss.
County of Salt Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 42 years, and that I now still who attended this birth I now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this May day of May 1942
(SEAL) [Signature] Notary Public, residing at 2442 3rd St., Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mary Elder Registrar.

344788 344788

May 19 1932

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

James 249-105-029-292

344828

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Patatach (b) City Patatach
(c) Street Address or R.F.D. No. Box 21
(d) Name of Hospital or Maternity Home:
home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Patatach
(c) City Patatach
(d) Street Address or R.F.D. No. Box 21
(e) How long has MOTHER lived in Idaho? 66 yrs.

3. RESIDENCE OF FATHER (city, state)**4. FULL NAME OF CHILD**James Theodore Smith**5. Date of Birth of Child**(Month, day, year) March 5 1949**6. Sex**7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy

9. Legitimate?

FATHER OF CHILD**10. FULL NAME**James Theodore Smith

11. Color white 12. Age at time
or Race white of THIS birth 27 yrs.
13. Birthplace
(City or town) (State or foreign country)
14. Exact
Occupation mill employee
15. Industry or
Business

MOTHER OF CHILD**16. FULL MAIDEN NAME**Matthea Cardia Smith

17. Color white 18. Age at time
or Race white of THIS birth 66 yrs.
19. Birthplace Patatach
(City or town) (State or foreign country)
20. Exact
Occupation house wife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living alive**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Patatach

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that
Miss Scallion (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Miss Matthea Smith Signature
Patatach Ida P. O. Address

Subscribed and sworn to before me this 10/19 day of May, 1949
(SEAL) Marion Notary Public, residing at Patatach, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC for the State of Idaho
Commission Expires Dec. 3, 1944

Received for filing on MAY 15 1949 by Marion Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

234-123-04X-133

344897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Salubria</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>21</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Salubria</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Francis Robert Blue</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 23rd 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ing Robert Sparks</u>		16. FULL MAIDEN NAME <u>Sarah Maude Allison</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>Robson, Ind.</u> (City or town) (State or foreign country)		19. Birthplace <u>Salubria, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Sarah Maude Allison **M.D.** **Midwife** **Address** **Date**
State of Idaho County of San Martin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that Dr. Robert Green, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of July, 1942
(SEAL) Notary Public, residing at San Martin, City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on MAY 15 1942 by Maud B. Fisher, Registrar.

3/11 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



245-1021029-759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City JULIETTA
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Julietta, Idaho

4. **FULL NAME OF CHILD** Glenn Monroe Kunkel
5. Date of Birth of Child
(Month, day, year) Aug. 2, 1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Albert Kunkel
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Oregon, Holt County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farm Implement Distribution
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Grace Harriett Perkins
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Galesburg, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Dr. Phillips is now deceased who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Tonic Ernest Kunkel Signature
4519 Morse Ave, North Hollywood, Cal. P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Edward B. Phillips Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 21 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SIX-205-DIX-643

345014

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county yes years 20 months 3 days 2

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 mo 2 wks

4. **FULL NAME OF CHILD** Estel Marie Vaughn
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho
5. Date of Birth of Child (Month, day, year) 6-5-'98
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert Columbus Vaughn
11. Color white 12. Age at time of THIS birth 20 yrs.
13. Birthplace San Moines Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Charlotte Morda Fuller
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Glascu Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 6-4 years of age, that I have known this person for 44 years, and that Elva M. Colburn, who attended this birth Deceased, I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte A. Stenman Signature
Kent - Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 15 day of May, 1942
(SEAL) Notary Public, residing at Caldwell Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

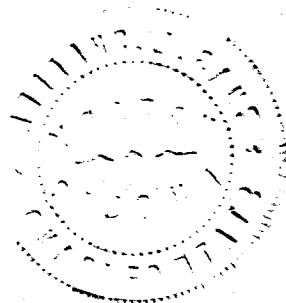
Received for filing on MAY 18 1942 by Registrar

FEB 20 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

346029

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. RFD 3
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. RFD 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dewey Arthur Smetherman
5. Date of Birth of Child
(Month, day, year) May 2, 1898
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Walter Gordon Smetherman
11. Color white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Austin Missouri
(City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Corgia Spores
17. Color white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Applicant's grandmother, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Walter Gordon Smetherman Signature
Caldwell, Idaho RFD 3 P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.
(SEAL) Anna G. Thompson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

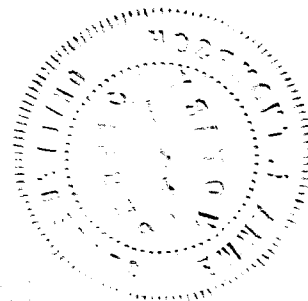
Received for filing on MAY 19 1942 by _____, Registrar.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-123-004-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346060**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Bear Lake** (b) City **Montpelier**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **At home**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **13** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Bear Lake**
(c) City **Montpelier**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **13** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Montpelier, Ida**

4. **FULL NAME OF CHILD** **Orson Dewey Toomer**

5. Date of Birth of Child
(Month, day, year) **4/23/1898**

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Charles Herbert Toomer**
11. Color **White** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Farmington, Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Merchant**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Maud Richards**
17. Color **White** 18. Age at time of THIS birth **32** yrs.
19. Birthplace **Salt Lake, Utah**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Don't know name of medicine used.**
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **Idaho**
County of **Bear Lake** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **76** years of age, that I have known this person for **all his life** years, and that **Dr. C. A. Hoover** who attended this birth **is now deceased.** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud R. Toomer Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this **12th** day of **May**, 19**42**.
(SEAL) **Chas E. Harris**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at **Montpelier, Idaho**

Received for filing on **MAY 19 1942** by **Maud R. Toomer** Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-217-001-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346360**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Warm Springs Ave</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county years <u>1</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boyle</u> (c) City <u>Grand View</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>Elaine Rowe</u>		5. Date of Birth of Child (Month, day, year) <u>July 17, 1949</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Richard Graham Rowe</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>Blansville, Penna.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Jane Nathan</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>40</u> yrs. 19. Birthplace <u>Donahue, England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>13</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of _____ ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of _____

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Dr. Springer Sr., who attended this birth Deceased I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19th day of May 1949 at Los Angeles Cal
(SEAL) Thos W Asper Notary Public, residing at 1949 Campbell Ave, Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Marjorie E. Bluff Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-229-001-295

346391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county / years 7 months / days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.
(f) Mother's mailing address Boise Idaho
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Saloma Armintha Toney
5. Date of Birth (Month, day, year) Oct. 29 - 1898
6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Fred Alvin Toney
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Berrian Center Michigan (City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business _____
16. FULL MAIDEN NAME Lucy Ann Sink
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Mixa Missouri (City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead - (d) Stillborn /

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 7 P.M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

- MAY 21 1942 (Mother's signature) Maud T. Toney
26. (a) _____ (Date received) (b) _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) _____ and address _____ Date _____

State of Idaho } ss.
County of Blaine

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

- I, Frederick Alvin Toney, being first duly sworn, say that I am _____ (Related to (or) acquainted with) Saloma Armintha Toney as father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscriber and sworn to before me on this 2 day of May, 19 42

(SEAL) Jane Grace McIntosh Notary Public, residing at 1821 Harrison
1726 Elm Detroit Mich. P.O. Address _____
Comm. Expires April 24 - 43

1942
MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 35, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-130-040-493

346413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Murray
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Murray
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Murray, Idaho

5. Date of Birth of Child
(Month, day, year) April 30, 1898

4. FULL NAME OF CHILD John William Coumerilh

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Coumerilh
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Detroit Michigan
(City or town) (State or foreign country)
14. Exact Occupation Mining Engineer. Later
15. Industry or Business Hardware Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Laurie Mitchell
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of San Diego

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now --63-- years of age, that I have known this person for --44-- years, and that the doctor the doctor, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bora B. Sands. Signature
Fall Brook, California. P. O. Address

Subscribed and sworn to before me this 9 day of May, 1942.

My Commission Expires May 22 1945 Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see S.C. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel J. Fisher Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-207-017-213

346419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>CLARK</u> (b) City <u>BEAVER CANYON</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>FIVE</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CLARK</u> (c) City <u>BEAVER CANYON</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>FLORENCE LAWSON McKENNEY</u>		3. RESIDENCE OF FATHER (city, state) <u>DECEASED</u>	
6. Sex <u>FEMALE</u>	7. Twin or Triplet -	8. No. months of Pregnancy <u>USUAL</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>JOHN R. LAWSON</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>GLASGOW, SCOTLAND</u> (City or town) (State or foreign country) 14. Exact Occupation <u>DON'T KNOW</u> 15. Industry or Business <u>UNION PACIFIC R.R.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>JANE BALL</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>40</u> yrs. 19. Birthplace <u>NETAH, SO. WALES</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business <u>DON'T KNOW</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 48 years, and that Sarah Wilson who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Mrs Jane Lawson Signature
1605 orange ave P.O. Address

Subscribed and sworn to before me this 19 day of May, 1942, at Los Angeles
 (SEAL) Notary Public Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires MARCH 6, 1943

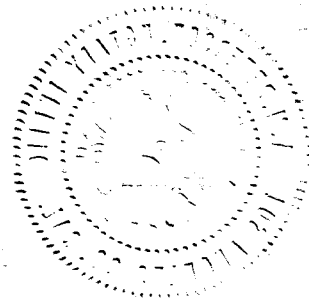
Received for filing on MAY 21 1942 by Registrar

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

545-126-003-921

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346493**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Fund
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Fund
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carl Isaac Edvalson

5. Date of Birth of Child
(Month, day, year) Sept 26 1938

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Carl Patrick Edvalson

11. Color or Race white 12. Age at time of THIS birth 27 yrs.

13. Birthplace Knappa, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Becilia Isaacson

17. Color or Race white 18. Age at time of THIS birth 23 yrs.

19. Birthplace Monticello, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that

neighbor (First name) (Last name), who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Patrick Edvalson Signature
Union, Oregon P. O. Address
May

Subscribed and sworn to before me this 19 day of May, 1938
(SEAL) John D. Smith Notary Public, residing at Union Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by May 22 1942 Registrar.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



254-1221041-993

346501

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Victor
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 4 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Victor, Idaho
5. Date of Birth of Child
(Month, day, year) Sept. 22, 1898

4. FULL NAME OF CHILD. Joseph Beddes

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Robinson Beddes
11. Color white **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Benson, Cache Co., Utah
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Eleanor Ricks
17. Color white **18. Age at time of THIS birth** 22 yrs.
19. Birthplace Benson, Cache Co., Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of Oregon County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 43 1/2 years, and that Eliza Eynon, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Eleanor Ricks Beddes Signature
1704 Willow St., LaGrande, P. O. Address
Oregon

Subscribed and sworn to before me this 20th day of May, 1942.
(SEAL) Abner J. Meloy Notary Public, residing at LaGrande, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)
Received for filing on MAY 22 1942 by Mary E. Latta Registrar.

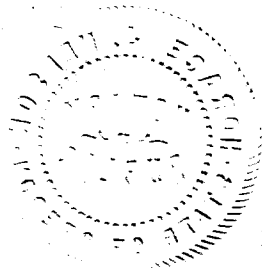
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MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

539-204,035-844

346542

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Nez Perce (b) City Nez Perce
(c) Street Address or R.F.D. No. Long
(d) Name of Hospital or Maternity Home: Own Home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 2 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Peggy May Olict

5. Date of Birth Jan. 4, 1898
(Month, day year)

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Olict
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Millie Anna Hudson
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Harrison, Arkansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 A. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 25 1942 (b) _____ (Mother, etc.)
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Washington } ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Millie Anna Olict, being first duly sworn, say that I am mother of Peggy May Olict as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stevens, who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

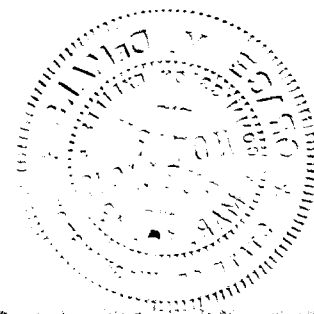
Subscribed and sworn to before me on this 22 day of May 1942
(SEAL) Grace M. Demars Notary Public, residing at Seaside, Wn.

JUN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-108-001-289

346692

346692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County...Ada..... (b) City...Star...Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State...Idaho..... (b) County...Ada
(c) City...Star.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 34 yrs.

4. FULL NAME OF CHILD Ivan Lewis Mathews

3. RESIDENCE OF FATHER (city, state) Star Idaho
5. Date of Birth of Child
(Month, day, year) Sept-8th 1898

6. Sex Male 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME William John Mathews
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Galva Ill (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business none

MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Etta Shipley
17. Color white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Knorrville Iowa (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...7..... (b) Born alive and now living...5.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Star M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Roy E. Mathews, who is related to this child as brother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Alfred M.D. Midwife Address Meriden Idy Date 11-2

State of..... } ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mary E. Elder, Registrar.

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

743-2191030-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346701**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Benewah (b) City... Salmon
(c) Street Address or R.F.D. No. Lived in country
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... Idaho (b) County... Benewah
(c) City... Salmon
(d) Street Address or R.F.D. No. Lived in country
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon Ida

4. FULL NAME OF CHILD

Thelma Ulricka Gutzman

5. Date of Birth of Child

(Month, day, year) Nov 19 1898

6. Sex Female
7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Gutzman

11. Color or Race White **12. Age at time of THIS birth** 39 yrs.

13. Birthplace Kanagator Kans.
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME

ANNIE EVERINA MILLER

17. Color or Race White **18. Age at time of THIS birth** 27 yrs.

19. Birthplace MADISON CO. Montana
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of... IDAHO
County of... BENEAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....MOTHER.....of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that

Dr. J. S. Wright who attended this birth.....deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Archie Miller Gutzman
Signature

SALMON, IDAHO

P. O. Address

Subscribed and sworn to before me this 5th day of MAY, 19 42.

(SEAL) Maurice C. Mende Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

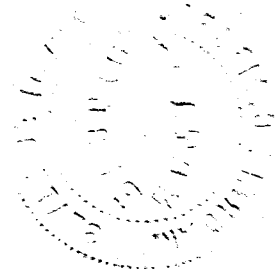
Received for filing on MAY 26 1942 by....., Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231-108037-216

346834

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **346834**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Butte (b) City De Lamar
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 11 days.
In THIS county 4 years 6 month 10 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Butte
(c) City De Lamar
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 1/2 yrs.
(f) Mother's mailing address De Lamar Idaho

4. FULL NAME OF CHILD William E. Slattery
6. Sex Male 7. Twin or Triplet _____ If so - born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Dec 8th 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Slattery
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Clarksburg Mass (City or town) (State or foreign country)
14. Exact Occupation Mines
15. Industry or Business Mining

MOTHER OF CHILD
16. FULL MAIDEN NAME Nettie Safgren
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Jonkoping Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAY 29 1942 (Date received) Mary E. Eder (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of Butte

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nettie Slattery, being first duly sworn, say that I am related to William E. Slattery as Mother.
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Plummer, who attended said birth, is now deceased and that this birth has not been previously recorded.
(Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 13th day of May, 1942
(SEAL) Wm Paul Barnhart Secretary Public, residing at Boise, Idaho

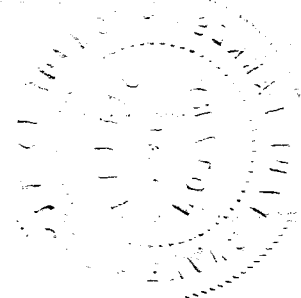
Nettie Slattery Signature
2012-14-10th Base P.O. Address

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-217-030-867

346885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county TWO years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? SIX yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Eva Ritschel Pendleton
5. Date of Birth of Child
(Month, day, year) Jan. 17, 1898
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Frank Ritschel
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bohemia, Austria-Hungary
(City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Ranching
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Esther Hopkins
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Walla Walla, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Esther Ritschel, who is
related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana County of Beaverhead } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above; that I am now 67 years of age, that I have known this person for 44 years, and that Mrs. Leathers, Pendleton, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Ritschel Signature
Wisdom, Montana P. O. Address

Subscribed and sworn to before me this 25th day of May
(SEAL) Don E. Hanson Notary Public for the State of Idaho
Notary Public, residing at Wisdom, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code, amended since March 6th, 1901.)

Received for filing on MAY 29 1942 by Mary H. Fisher Registrar.

JUN 1

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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795-213-229-843

346981

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County Latah (b) City Idaho
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Birth in own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 13 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Avon
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Avon, Idaho

3. RESIDENCE of FATHER (city, state): Avon, Idaho

4. FULL NAME OF CHILD Charity Rebecca Greenwood

5. Date of Birth (Month, day, year) Jan. 13, 1898

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John William Greenwood

11. Color or Race white 12. Age at time of THIS birth 32 yrs.

13. Birthplace Chandlerville, Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Dollie Varden Hutchison

17. Color or Race white 18. Age at time of THIS birth 25 yrs.

19. Birthplace Columbus, Indiana
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Dollie Greenwood, who is related to this child as mother (First name) (Last name)

26. (a) MAY 29 1942 (Date received) (b) Mary H. Green (Registrar's signature)

25. Attendant's OWN signature Flora J. Greenwood (D.O., Midwife, etc.)
and address Buckley, Wash Date 4-20-41

27. Given name added on _____ by _____ (Registrar's signature)

State of California } ss.
County of Butte

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dollie Varden Greenwood, being first duly sworn, say that I am related to Charity Rebecca Greenwood (Name of person on certificate above) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Rebecca Cook another (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Dollie Varden Greenwood Signature
1104 W. 2nd St., Chico, California P.O. Address

Subscribed and sworn to before me on this 28th day of April, 1941
(SEAL) Osborne L. Dean Notary Public, residing at Chico, California

My Commission Expires July 8, 1943

married name.
Mrs J. W. Nolan.
R#6. Yakima
Wn.

NOV 8 1965

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347018**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootnai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Idaho

4. **FULL NAME OF CHILD** Dorothy Etta Pearson
6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) May 19, 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD
10. **FULL NAME** George Wesley Pearson
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Ontario, Canada
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eliza Duff
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Dubuque County, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Oregon County of Marion } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Dr. Adolph Wentz, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of May, 1937
(SEAL) [Signature] Notary Public, residing at Salmon
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mary Heeler Registrar.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

763-1081-066-693

347020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CASSIA (b) City Albion
(c) Street Address or R.F.D. No. Farm Home
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 2 years months days

4. FULL NAME OF CHILD HARRY CHARLES POTTER

6. Sex MALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME ISAAC SMITH POTTER
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Springville UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County CASSIA
(c) City Albion
(d) Street Address or R.F.D. No. Farm

(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho

5. Date of Birth of Child
(Month, day, year) 11/8/98

8. No. months
of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSEY LUCY WILLIAMS
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California } ss.
County of Colusa

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 years, and that Doctor Storay, who attended this birth Now Deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Potter Belle Potter
Seaside, California Signature
P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942
(SEAL) [Signature] Notary Public, residing at Colusa Calif.

(Note: Perjury is punished as a felony in Idaho, see Sec. 17-914, Idaho Code, amended.)

Received for filing on MAY 29 1942 by Marj H. [Signature], Registrar.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-2771 025-255

347162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 1/2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Whitebird
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Nazel Violet Mahurin

(Melton)

5. Date of Birth of Child
(Month, day, year) May 27, 1942

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Stephen Lee Mahurin
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Windsor, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Gertrude Buder Mahurin
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Fairview, Neb.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boxax water
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 6 7/8 years of age, that I have known this person for 4 1/4 years, and that Mrs. A. Hallbrook, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Stephen Lee Mahurin Signature
Riggins, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942
(SEAL) John H. Clay Notary Public, residing at Riggins, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

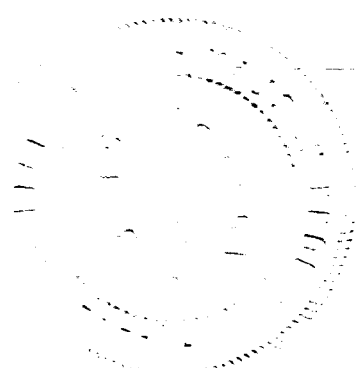
Received for filing on JUN 1 1942 by John H. Clay Registrar.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-120-036-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347174**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alfonzo A. Baird
5. Date of Birth of Child Feb. 20, 1898
(Month, day, year)
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---------------------------------------|--|
| 10. FULL NAME <u>Peter Baird</u> | 16. FULL MAIDEN NAME <u>Hannah Peterson</u> | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>25</u> yrs. |
| 11. Birthplace <u>Brigham City, Utah</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Denmark</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u> </u> |
| 12. Age at time of THIS birth <u>30</u> yrs. | | | |
| 13. Exact Occupation <u>Farmer</u> | | | |
| 14. Industry or Business <u> </u> | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
State of Utah County of Cache } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....69.....years of age, that I have known this person for.....44.....years, and that.....Christina Keller.....who attended this birth.....is now deceased.....I further state that.....the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of May, 19 42
(SEAL) Notary Public, residing at Logan, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 29 1942 by Registrar.

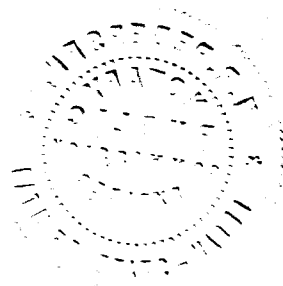
JUN 3

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian; or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-111-036-595

347230

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 13 years 3 months 10 days

4. FULL NAME OF CHILD

Honell Woodruff Miller

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) Feb. 11 1898

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Nicolaie Miller

11. Color

White

12. Age at time

of THIS birth 38 yrs.

13. Birthplace

Halesley Viborg Denmark

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anne Christine Nielsen

17. Color

White

18. Age at time

of THIS birth 34 yrs.

19. Birthplace

Hjorling Hjorling Denmark

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 52 years of age, that I have known this person for 44 years, and that

Fannie McQueen who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of May, 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942

by

Reg

JUN 4 1942

MAR 9 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No. -
(d) Name of Hospital of Maternity Home: -
(e) Mother's stay BEFORE delivery: -
In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bannock
(c) City Soda Springs, Idaho
(d) Street Address or R.F.D. No. - life
(e) How long has MOTHER lived in Idaho? All her yrs.
(f) Mother's mailing address (For registration notice):
.....
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lenord Marriott5. DATE OF BIRTH 5-21-98
(Month, day, year)

6. Sex M 7. Twin or Triplet One If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lorenzo S. Marriott

11. Color or Race W 12. Age at time of THIS birth 24 yrs.

13. Birthplace Ut.
(City or Town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry Business -

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Frances Chester

17. Color or Race W 18. Age at time of THIS birth 23 yrs.

19. Birthplace Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Wife

21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 7 A.M. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lucy Chester Marriott, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) JUN 1 1942 (b) Mabel Z. Becken
(Date received) (Registrar's signature)

25. Attendant's Ellis Kackley M.D.
OWN signature (D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature) and address Soda Springs, Idaho Date 5-17-42
89 M

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-12000d-752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347271**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 19 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

4. FULL NAME OF CHILD

David Hekeler Tate

5. Date of Birth of Child

(Month, day, year) May 20, 1898

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

John Patton Tate

11. Color or Race

white

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Pianeta, Pa.
(City or town)

(State or foreign country)

14. Exact Occupation

Insurance

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Estelle Gekeler

17. Color or Race

white

18. Age at time of THIS birth

25 yrs.

19. Birthplace

Hawenworth, Kansas
(City or town)

(State or foreign country)

20. Exact Occupation

Home Keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

unknown

23. Number of children of this mother: (a) At time of birth and including this child

1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that

Dr. Geo. Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Gekeler Tate (Signature)
Route #5, Boise, Ida. (P. O. Address)

Subscribed and sworn to before me this 2ND day of JUNE, 1942

(SEAL)

Notary Public, residing at BOISE IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Marj Gekeler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347341**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No. at home
(d) Name of Hospital or Maternity Home: No street number
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No. No street number
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) 4 years

4. FULL NAME OF CHILD

Susan Anna Hermann

5. Date of Birth of Child

(Month, day, year) May 23, 1898

6. Sex Female 7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 7 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gustave Werner Hermann
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Canton Zurich Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Mill-wright
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Diethe Im
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Uniontown Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother Lena Hermann of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for since born years, and that Dr. Guttman, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Hermann Signature
6440 Gloria Ave. Seattle Wash P. O. Address
June 1942

Subscribed and sworn to before me this 1st day of June
(SEAL) Mary A. Bush

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942 by Mary A. Bush Registrar.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384-124, 016-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

347362

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Water Street
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Water Street
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho, Oakley

4. **FULL NAME OF CHILD** Theodore Mark Lyman

5. **Date of Birth of Child**
(Month, day, year) 24 June 1895

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James A. Lyman
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace St. Joseph, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Lumberjack
15. Industry or Business Ranching

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Isadora Fairchild
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Montville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of UTAH,
County of SALT LAKE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that D. P. Albion M.D., who attended this birth, is Deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isadora Lyman Signature
1061 EAST 13TH ST., SALT LAKE CITY, UTAH P. O. Address

Subscribed and sworn to before me this 2nd day of JUNE, 1942
(SEAL) [Signature]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) SALT LAKE CITY, UTAH Notary Public, residing at
City Com. Expires 4/2/1946

Received for filing on JUN 3 1942 by Marj E. [Signature] Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

347370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County *Bear Lake* (b) City *Montpelier*
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(at private home)
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State *Idaho* (b) County *Bear Lake*
(c) City *Montpelier, Idaho*
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? *2* yrs.

4. **FULL NAME OF CHILD** *Axel Christian Nielsen*

3. **RESIDENCE OF FATHER** (city, state) *Montpelier, Idaho*
5. Date of Birth of Child
(Month, day, year) *May 10, 1898*

6. Sex *Male* 7. Twin or Triplet *—* If so—born 1st, 2nd, 3rd *—*

8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD

10. **FULL NAME** *Andrew Fredrick Nielsen*
11. Color *White* 12. Age at time of THIS birth *25* yrs.
13. Birthplace *Naas, Denmark*
(City or town) (State or foreign country)
14. Exact Occupation *Sec. forman*
15. Industry or Business *on railroad*

MOTHER OF CHILD

16. **FULL MAIDEN NAME** *Johanna Tomina Retuen*
17. Color *White* 18. Age at time of THIS birth *—* yrs.
19. Birthplace *Denmark*
(City or town) (State or foreign country)
20. Exact Occupation *Home wife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum *Ergysol*

23. Number of children of this mother: (a) At time of birth and including this child *1* (b) Born alive and now living *1*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature *(Midwife only Attended at Birth)* M.D. Address Date

State of *Idaho* County of *Barbon* ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *Father* of the person whose name appears in Item 4 above, that I am now *69* years of age, that I have known this person for *24* years, and that *Mr. Bridges (Midwife)*, who attended this birth *is now deceased*, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located).
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Andrew F. Nielsen Signature
Soda Springs Idaho P. O. Address

Subscribed and sworn to before me this *20th* day of *May*, 19*42*
(SEAL) *(Signature)* Notary Public, residing at *Soda Springs Idaho*
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (Annotated).)

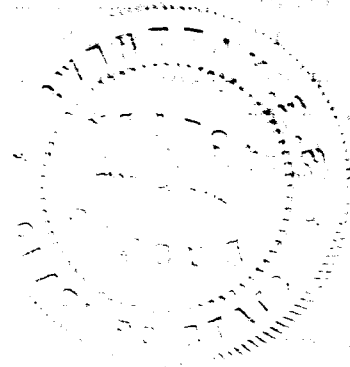
Received for filing on *MAY 21 1942* by *(Signature)* Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-128029-665

347376

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latoka (b) City Tray
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latoka
(c) City Tray
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Glen Samuel Sullivan

5. Date of Birth of Child mar 28 1942
(Month, day, year)

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Person R Sullivan

11. Color or Race

white

12. Age at time of THIS birth..... yrs.

13. Birthplace

Idaho

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Isabelle Owens

17. Color or Race

white

18. Age at time of THIS birth 19 yrs.

19. Birthplace

Idaho

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Ore County of Latoka ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 42 years, and that

Mr. E. E. Spence, who attended this birth was deceased. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Person R Sullivan Signature

P. O. Address

Subscribed and sworn to before me this 2 day of June, 1942

(SEAL)

Notary Public, residing at Engle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

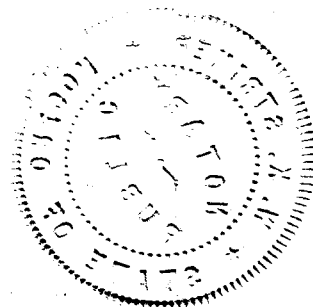
Received for filing on JUN 4 1942 by Mary E. Spence, Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....**Ada**..... (b) City.....**Boise**.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....**Idaho**..... (b) County.....**Ada**.....
(c) City.....**Boise**.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? **73** yrs.

4. FULL NAME OF CHILD.....**Frank Ray Cahalan**.....

5. Date of Birth of Child
(Month, day, year).....**1898 August 20**.....

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME.....**Emmett Lee Cahalan**.....
11. Color or Race.....**White**..... 12. Age at time of THIS birth.....**34** yrs.
13. Birthplace.....**Edina Missouri**.....
(City or town) (State or foreign country)
14. Exact Occupation.....**Agriculturist**.....
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME.....**Ella Maria Chamberlain**.....
17. Color or Race.....**White**..... 18. Age at time of THIS birth.....**29** yrs.
19. Birthplace.....
(City or town) (State or foreign country)
20. Exact Occupation.....**Housewife**.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....**5**.. (b) Born alive and now living.....**7**..

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....**Idaho**.....
County of.....**Ada**..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**Mother**.....of the person whose name appears in Item 4, above, that I am now.....**73**.....years of age, that I have known this person for.....**44**.....years, and that.....**D. L. G. Bowers**....., who attended this birth.....**Deceased**..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....**Ella M Cahalan**..... Signature

.....**1712 No 23 Boise Idaho**..... P. O. Address

Subscribed and sworn to before me this.....**6th** day of.....**June**..... 19.....**42**.....
(SEAL)**D. L. G. Bowers**..... Notary Public, residing at.....**Boise, Idaho**.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....**JUN 8 1942**.....by.....**Mary E Elder**....., Registrar.

JUN 8 1942

FEB 3 1943

STOR 27 NVP

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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331-200-001-662

347433

347433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Clark Ranch
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise Valley
(d) Street Address or R.F.D. No. Boise
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

5. Date of Birth of Child
(Month, day, year) May 1898

4. FULL NAME OF CHILD

Jenniemae Clark

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Clark
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace near Marshall, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Cattleman & farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ophelia Foster
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 44 years, and that D. B. Bowers who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daniel Clark Signature
P. O. Address

Subscribed and sworn to before me this 63 day of May, 1942
(SEAL) Marion E. Lee Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

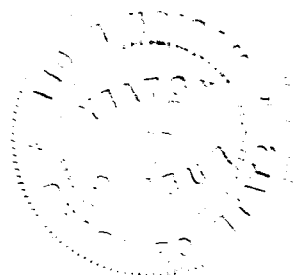
Received for filing on JUN 9 1942 by Mary Felder Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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213-119,014-133

347469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Lester Willard Ballard

5. Date of Birth of Child
(Month, day, year) July 19, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Riley Ballard
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Columbus Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie May Allebaugh
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Williams Center, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Clark

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 43 yrs. 9 Mo. years, and that Dr. John Springer, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie May Ballard Signature
1312 Columbia Street, Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 7th day of April, 1942.
(SEAL) Thomas H. Carter Notary Public, residing at Vancouver, therein.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Mary E. Baker Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-117.036-847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347637**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Onida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: 21 years 1 months 22 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Samaria
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Samaria, Idaho.

4. **FULL NAME OF CHILD** Elmer "H". Williams
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Mar. 17, 1898

FATHER OF CHILD
10. **FULL NAME** Thomas Edmond Williams
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Willard, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming and Stock raising
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maria Hughes
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Samaria, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Address Date
Midwife

State of Idaho } ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for over 43 years, and that Elizabeth L. Williams who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Hughes Williams Signature
Riverside Apt. Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 28th day of February, 1942

(SEAL) W. L. Brewink Clerk Deputy

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by , Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

347711

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

✓(e) Mother's stay BEFORE delivery:

IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.....life
(e) How long has MOTHER lived in Idaho? all her yrs.

✓3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Jan. 1, 1898

4. FULL NAME OF CHILD

CHESTER A. HENDERSON

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adelbert C. Henderson
11. Color White 12. Age at time
or Race White of THIS birth 32 yrs.
13. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Contractor & Builder
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elvira Howell
17. Color White 18. Age at time
or Race White of THIS birth 31 yrs.
19. Birthplace Oxford, Idaho
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

✓

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 74 years of age, that I have known this person for 31 years, and that

Mary M. Howell who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

x Mary Elvira Henderson Signature
Clifton Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 1942
(SEAL) Arson K. R. R. R. Notary Public, residing at Clifton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

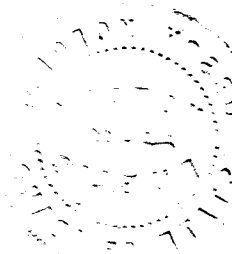
Received for filing on JUN 8 1942 by Arson K. R. R. R. Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-265-029-415

347799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Tray
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Tray
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Tray Idaho

4. FULL NAME OF CHILD

Lorothy Eva Byers

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

5. Date of Birth of Child

(Month, day, year) July 5-1898

FATHER OF CHILD

10. FULL NAME

Enos Frederick Byers

11. Color or Race white

12. Age at time of THIS birth 19 yrs.

13. Birthplace Boise and Meridian, Ida.

(City or town)

(State or foreign country)

14. Exact Occupation

woods worker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rosa Etta Davis

17. Color or Race white

18. Age at time of THIS birth 20 yrs.

19. Birthplace Boise, Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Montana ss.
County of Flathead

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that

Enos Byers, who attended this birth cannot be located I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8th day of June, 1942

(SEAL)

Notary Public

Notary Public, residing at Bellevue Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 10 1942

by

Notary Public

Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-209-044-445

347823

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Heiser
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Parents home
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County.....
(c) City Heiser
(d) Street Address or R.F.D. No. State St
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) May 9-1898

4. FULL NAME OF CHILD

Daphne S. Lyon

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Halter A Lyon
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace St John Michigan
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business See 15

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Dunning
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace St John Michigan
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business See 20

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of ~~this~~ child, who was..... at..... M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of Idaho County of Cingahoga } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4 above, that I am now 44 years of age, that I have known this person for..... years, and that

Mr Joseph R. Zimmerman (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

FRANCIS M. BENJAMIN, Notary Public

My commission Expires May 24, 1944

Subscribed and sworn to before me this 16th day of April, 1942
(SEAL) Francis M. Benjamin Notary Public, residing at Lakeview, Wis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

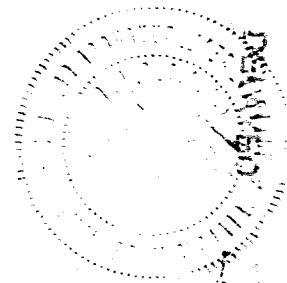
Received for filing on JUN 9 1942 by..... Registrar.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



April 7th, 1920.

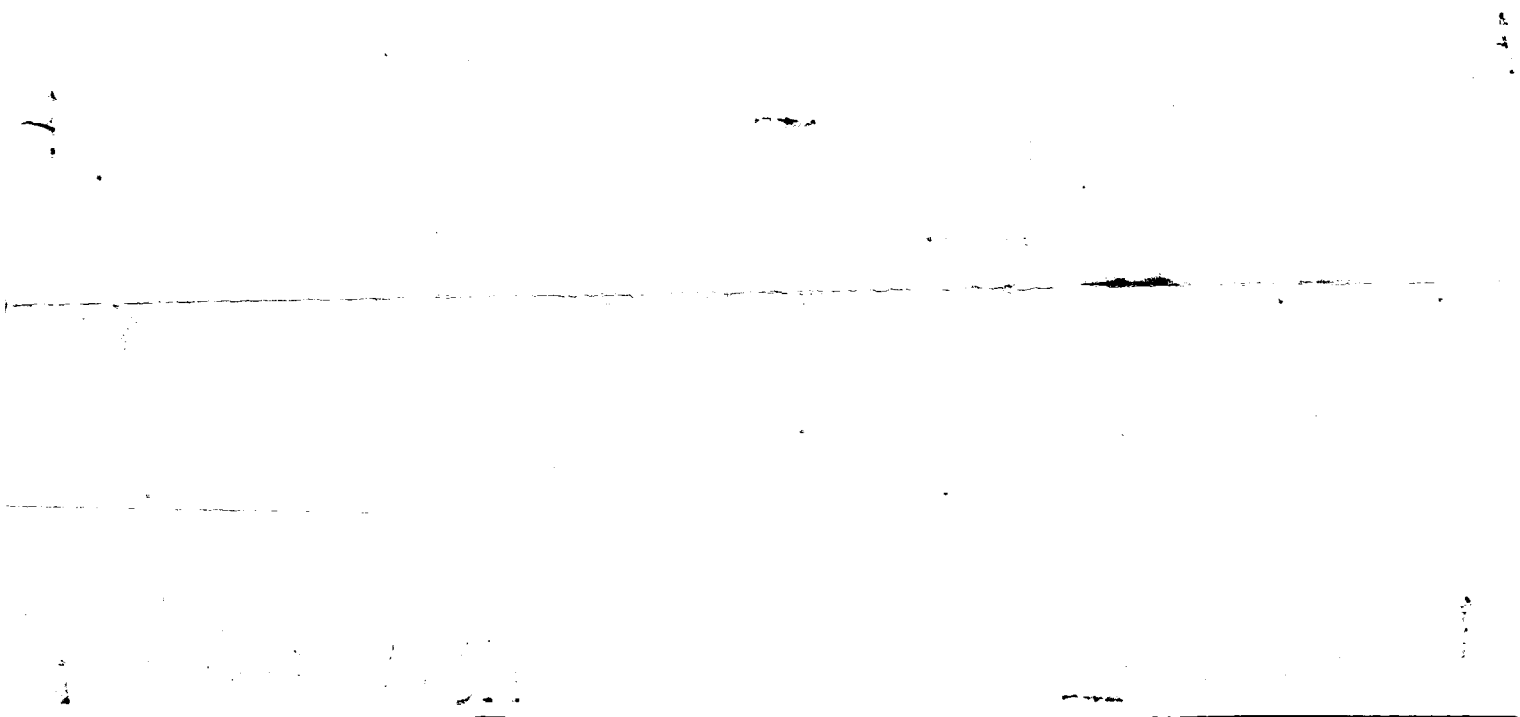
To Whom it may concern:-

This is to certify that about the year 1898 I attended Mrs Walter A. Lyon at childbirth, at Weiser, Idaho. At that time a daughter was born and named Daphney St. Elmo Lyon. At that time no official records were kept and my own personal books, up to the date when I removed from Weiser ten years ago, have been lost, so that I can not give positive date, as to day and month. Her parents were American birth and came to Idaho from Ohio about 1896 or 1897. Her father was a blacksmith and mechanic by trade.

Very truly,

Date Filed: JUN 10 1942

Registrar:  



319-122-016-413

347859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>near Malta</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>13</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>near Malta</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Mannie William Carnahan</u>		3. RESIDENCE OF FATHER (city, state) <u>same as 2</u> 5. Date of Birth of Child (Month, day, year) <u>Feb. 22, 1898</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Newton LaFayette Carnahan</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>don't know</u> <u>Arkansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Sheep foreman</u> 15. Industry or Business <u>Stock raising</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Millie Malliot</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>don't know</u> <u>France</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>do not know whether used</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Mary Malliot (mother), who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
RFD # 2 Walla Walla, Washington P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942.
 (SEAL) Notary Public, residing at Walla Walla, Wash.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

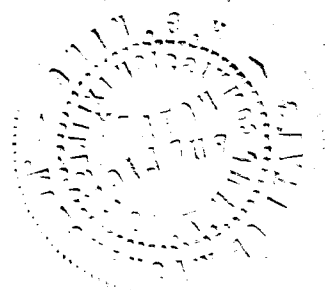
Received for filing on JUN 8 1942 by Registrar.

JUN 13 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-117.026-816

347860

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Menan, Idaho

4. **FULL NAME OF CHILD** Walter Vernon Green

5. Date of Birth of Child
(Month, day, year) May 17th, 1898.

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8 8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Austin Abraham Green
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Cottonwood, Utah.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business agriculture.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Hawker
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Newark New Jersey.
(City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business domestic.

22. Name prophylactic used to prevent Ophthalmia Neonatorum dent remember.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Jefferson in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that
Jeannette Poole who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of June, 19 42
(SEAL) Bernard R. Bennett Notary Public, residing at Rigby, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Mabel H. Hines, Registrar.

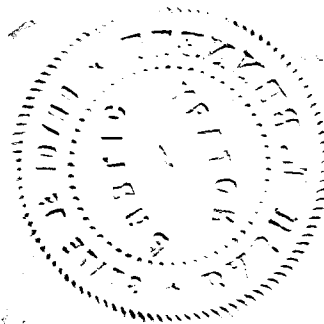
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JUN 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347924
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Payette (b) City Silver City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 5 years months days

4. FULL NAME
OF CHILD

Gerald Winscol Rader

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Stephen Rader

11. Color
or Race

white

12. Age at time
of THIS birth

Unk. yrs.

13. Birthplace

Unknown

(City or town)

(State or foreign country)

14. Exact
Occupation

miner

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Mary Elizabeth Feeny

17. Color
or Race

white

18. Age at time
of THIS birth

Unk. yrs.

19. Birthplace

Canada

(City or town)

(State or foreign country)

20. Exact
Occupation

house wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears
in Item 4, above, that I am now 60 years of age, that I have known this person for since birth, and that

Dr. Weston or Dr. Hamilton, who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13th day of June, 19 42

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 16 1942

by

Mary E. Eden

Registrar.

RECEIVED FOR FILING ON...
JAN 21 1937
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA
RECEIVED FOR FILING ON...
JAN 21 1937
CLERK OF DISTRICT COURT
DISTRICT OF COLUMBIA

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. No. _____

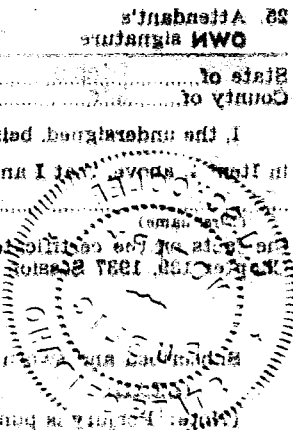
1. PLACE OF BIRTH (All items at time of this birth)
(a) County _____ (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home _____
(e) Mother's stay before delivery: _____ days _____ months _____ years
(f) How long has MOTHER lived in Idaho? _____ yrs.
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
3. RESIDENCE OF FATHER (city, state)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
4. FULL NAME OF CHILD _____
5. Sex _____
6. Twin or Triplet _____
7. Date of Birth (Month, day, year) _____
8. No. months of pregnancy _____
9. Legitimate? _____
10. FULL NAME _____
11. Color _____
12. Age at time of this birth _____ yrs.
13. Birthplace (city or town) _____
14. Exact Occupation _____
15. Industry or Business _____
16. FULL MAIDEN NAME _____
17. Color _____
18. Age at time of this birth _____ yrs.
19. Birthplace (city or town) _____
20. Exact Occupation _____
21. Industry or Business _____

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 138, Section 4.)

Where the birth of a child born prior to the effective date of Chapter 191, 1931 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for the purpose of the registration of the child for the purpose of the laws prescribed in Chapter 191, 1931 Session Laws, Annotated, when such report is accompanied by a certificate of the attending physician, or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

22. Number of children of the father and mother of the child at the time of the birth of the child _____
23. I HEREBY CERTIFY that the place stated and at the place stated related to this child as _____
24. Affidavit to be completed when the attendant does not sign _____
25. Affidavit to be completed when the attendant does not sign _____



26. Affidavit to be completed when the attendant does not sign _____
27. Affidavit to be completed when the attendant does not sign _____
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90. Affidavit to be completed when the attendant does not sign _____
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95. Affidavit to be completed when the attendant does not sign _____
96. Affidavit to be completed when the attendant does not sign _____
97. Affidavit to be completed when the attendant does not sign _____
98. Affidavit to be completed when the attendant does not sign _____
99. Affidavit to be completed when the attendant does not sign _____
100. Affidavit to be completed when the attendant does not sign _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-220016-755

348133

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>LENORA ALTHERA BAILEY</u>		3. RESIDENCE OF FATHER (city, state) <u>Oakley Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 20, 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Stephen Douglas Bailey</u>		16. FULL MAIDEN NAME <u>Grissia Lee</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>36</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Joplin Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Grantville Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Labor</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Alfred Dead M.D. Midwife Address Date

State of Idaho County of Franklin ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 44 years, and that Lenora Althera Bailey attended this birth to now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of May 1942.
(SEAL) John W. Abbott Notary Public, residing at Montana Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Maud G. H. Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 120 041 844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348165

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County TETON (b) City VICTOR
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County TETON
(c) City VICTOR
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 65 yrs.

4. FULL NAME OF CHILD

MARK LELAND SMITH

5. Date of Birth of Child
(Month, day, year) Nov 20 - 1898

6. Sex male

7. Twin or
Triplet

no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME ALBERT SMITH Jr.
11. Color W.H.I.T.E. 12. Age at time
or Race W.H.I.T.E. of THIS birth 37 yrs.
13. Birthplace Y.N.A.N.T. UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN HUMBLE
17. Color W.H.I.T.E. 18. Age at time
or Race W.H.I.T.E. of THIS birth 28 yrs.
19. Birthplace SPANISH FORK UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that
Mrs. Drake who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Olive S. Westover Signature
Texpy-9, Idaho. P. O. Address

Subscribed and sworn to before me this 13th day of June, 1942
(SEAL) Ralph A. Fisher Notary Public, residing at Reefburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel H. Fisher Registrar.

OCT 17 1967

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643118014-693

348192

348192

United States
Department of Commerce
Bureau of the Census

JUN 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Jan 18 - 1898

4. FULL NAME OF CHILD Lester Alton Fuller

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William S. Fuller
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Emmett Idaho
(City or town) (State or foreign country)
14. Exact Occupation Cow Boy
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Wilson
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Carthage Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....4 (b) Born alive and now living.....4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Dr. Clymer, who attended this birth, is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mattie Fuller Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of June, 1942
(SEAL) W. L. Boy Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

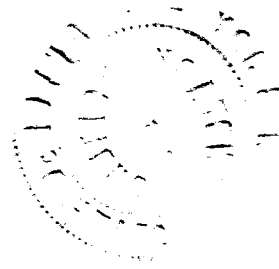
Received for filing on JUN 19 1942 by Mary E. Elder, Registrar.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



BOTH
DELAYED

dup of 1898-442229

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

851 215 030-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348325**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>58</u> yrs.	
4. FULL NAME OF CHILD <u>Hildreth Yearian</u>		3. RESIDENCE OF FATHER (city, state) <u>Salmon, Ida.</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>Nine</u> 9. Legitimate? <u>Yes</u>		5. Date of Birth of Child (Month, day, year) <u>April 15, 1918</u>	
FATHER OF CHILD 10. FULL NAME <u>John Wesley Yearian</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace (City or town) (State or foreign country) <u>Idaho</u> 14. Exact Occupation <u>Merchant</u> 15. Industry or Business <u>General Mercantile</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Annie Lee</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace (City or town) (State or foreign country) <u>Missouri</u> 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>Two</u> (b) Born alive and now living <u>Three</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Wash King **M.D.** **Midwife** **Address** **Date**
State of Idaho County of King } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for years, and that William Whitwell who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

10 x garfield Annie Yearian Long Signature
Seattle Wash. P. O. Address
Subscribed and sworn to before me this 15 day of June, 1942
(SEAL) Marlene Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

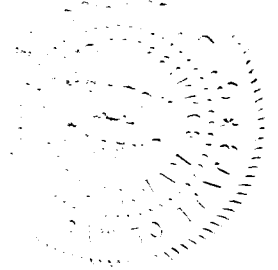
Received for filing on JUN 17 1942 by Wash King Registrar.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 123029 659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348354**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Tendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Family Home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Tendrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) 12 yrs

4. FULL NAME OF CHILD Otis Lyon
6. Sex Male
7. Twin or Triplet Triplet
8. No. months of Pregnancy Usual
9. Legitimate? Yes

5. Date of Birth of Child July 23 1898
(Month, day, year)

FATHER OF CHILD
10. FULL NAME Benjamin Franklin Lyon
11. Color or Race White **12. Age at time of THIS birth 38 yrs.
13. Birthplace Grant County West Virginia
(City or town) (State or foreign country)
14. Exact Occupation Wheat Farmer
15. Industry or Business Agriculture**

MOTHER OF CHILD
16. FULL MAIDEN NAME Narcissus Weimer
17. Color or Race White **18. Age at time of THIS birth 39 yrs.
19. Birthplace Grant County West Virginia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
State of Washington **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Yakima } ss.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 44 years, and that Dr. Harrington who attended this birth Cannot Be Located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

174 Robt 5 Yakima Signature
Dr. Harrington P. O. Address
Subscribed and sworn to before me this June day of 1942
(SEAL) Notary Public, residing at Deer Creek Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

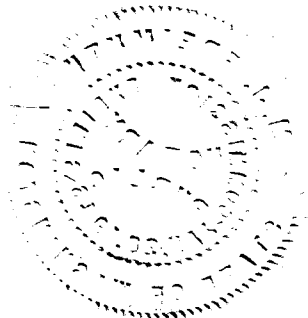
Received for filing on JUN 17 1942 by Registrar.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each copy requires an advance payment of fifty cents, money order or coin.

253121003 155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348359**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Lama Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none at home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Lama Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 56 yrs.

4. FULL NAME OF CHILD

Marion Joseph Bell

3. RESIDENCE OF FATHER (city, state)

- Lama Hot Springs Idaho
5. Date of Birth of Child
(Month, day, year) 12/21/1928

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 **9. Legitimate?** yes

10. FULL NAME

Joseph Bell

11. Color or Race

white

12. Age at time of THIS birth

22 yrs.

13. Birthplace

Franklin, Idaho

(City or town) (State or foreign country)

16. FULL MAIDEN NAME

MOTHER OF CHILD

Effie Avery

17. Color or Race

White

18. Age at time of THIS birth

19 yrs.

19. Birthplace

Central, Utah

(City or town) (State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Carbolic acid solution

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bannock ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that name, Benjamin who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of July
(SEAL) W. J. Sisk

Effie Avery Bell Signature
Lama Hot Springs Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

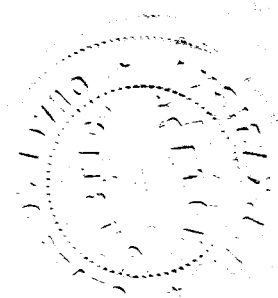
Received for filing on JUN 17 1942 by M. J. L. L. Registrar.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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348373

348393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? .. yrs.

3. RESIDENCE OF FATHER (city, state) White Bird

4. FULL NAME OF CHILD Lloyd Oscar Holbrook

5. Date of Birth of Child
(Month, day, year) April 14, 1898

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd 4th

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Oscar Holbrook
11. Color White 12. Age at time
or Race White of THIS birth 32 yrs.
13. Birthplace Reed City, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Crea
17. Color White 18. Age at time
or Race White of THIS birth 27 yrs.
19. Birthplace Walla Walla, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho } ss.
County of Nez Perce

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Avant of the person whose name appears
in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that
Margaret Holbrook, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Nancy Holbrook Hanson Signature
Lewiston, Idaho P.O. Address

Subscribed and sworn to before me this 16 day of June, 1942
(SEAL) J. P. Fickman Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

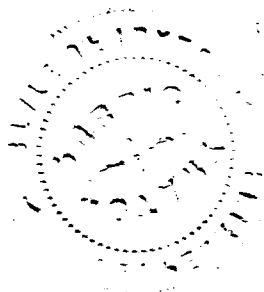
Received for filing on JUN 18 1942 by Mary E. Eder Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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348398

348398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD Ruby Clare Martindale

5. Date of Birth of Child
(Month, day, year) June, 12th, 1898

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Alonzo Martindale
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Grantsville Utah
(City or town) (State or foreign country)
14. Exact Occupation.....
15. Industry or Business Sheep Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Melvina Bell
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Basin, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at One A.M. on the date June 12, 1898
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Joseph A. Martindale who is related to this child as Father
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Sarah Bates who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph A. Martindale Signature
221 Goodman Ave Boise P. O. Address

Subscribed and sworn to before me this 20 day of June, 1998
(SEAL) James S. Segant Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

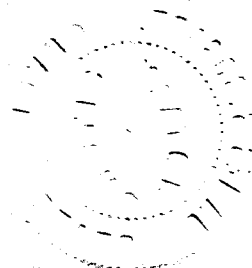
Received for filing on JUN 22 1942 by Mary E. Leelan, Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415 124 022-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348492
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 47 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 59 yrs.
3. **RESIDENCE OF FATHER** (city, state) Marysville, Ida.

4. **FULL NAME OF CHILD** Lorenzo Davis
6. Sex M 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) January 24, 1898

FATHER OF CHILD
10. **FULL NAME** Stephen Davis
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Bellview, Pa.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business F_rmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary R. Green
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Bear Lake, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Dr. Riggs M.D. Midwife Address Date
State of Idaho County of Fremont } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 11 years, and that Dr. Riggs, who attended this birth Now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of June, 19 42
(SEAL) Frederick McDonald Notary Public, residing at St. Anthony, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

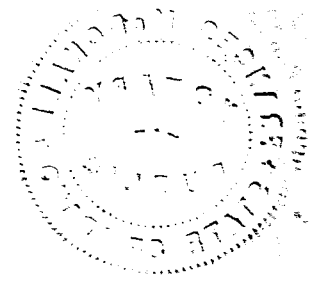
Received for filing on JUN 18 1942 by Mabel J. Fisher, Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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435 130 007 469

348524

United States
Department of Commerce
Bureau of the Census

JUN 18 1942

The purpose of this information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 79
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Bellevue</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Bellevue</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>life</u> yrs.	
4. FULL NAME OF CHILD <u>Samuel Timothy McNary</u>		3. RESIDENCE OF FATHER (city) <u>Bellevue, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>3-30-1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas Timothy McNary</u>		16. FULL MAIDEN NAME <u>Elizabeth Morris</u>	
11. Color <u>White</u>	12. Age at time of THIS birth <u>39</u> yrs.	17. Color <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Dayton Ohio</u> (City or town) (State or foreign country)		19. Birthplace <u>Sioux City Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Mill-Man</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business <u>Home</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. AgNo3
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive M. on the date June 18 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Lizzie McNary, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M. D. Midwife Address Blaine Date June 18 1942
State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Mrs. Dayton who attended this birth. Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of June, 1942
(SEAL) J. W. Walker Notary Public, residing at Blaine, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 6-12-1942 by Robert H. Wright Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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443-24-028-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348582

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City LANE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State IDAHO (b) County Kootenai
(c) City LANE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Philura Muscany

5. Date of Birth of Child
(Month, day, year) 1928 May 14th

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Muscany
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA BLANCHE LAMB
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Des Moines Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Saleratus
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 44 years, and that Philura LAMB, who attended this birth AND NOW DECEASED further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of June 1942
(SEAL) Sen. D. Houghton Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Mary Philura Muscany Registrar.

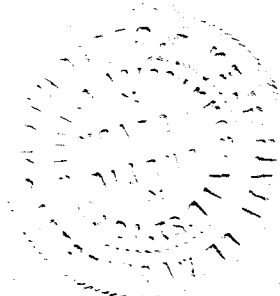
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JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493 126 022 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348608**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Salem, Ida.

4. FULL NAME OF CHILD Henry Richard Miller

5. Date of Birth of Child
(Month, day, year) 7-26-1898

6. Sex M. 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Conrad Miller
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Niederwyl, Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Miller
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Reitnau, Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 42 years, and that Christina who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of June, 1942
(SEAL) W. J. Adams Notary Public, residing at Stanthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by W. J. Adams Registrar.

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236 128 003 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **349628**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 21 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? .. yrs.

4. FULL NAME OF CHILD David George Stoddard

5. Date of Birth of Child
(Month, day, year) May 28, 1948

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Stoddard
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Mayville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Indamara Sullivan
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Basen, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1..... (b) Born alive and now living 1.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Grace Idaho Bannock ss.
State of Idaho County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that Harmeth Steadman, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Baroline Sullivan Merriam Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 22 day of May, 1948.

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1948 by Mabel Hester Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

494-221029 792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349635**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Taney, P.O.</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Taney, P.O.</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Taney, P.O.</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 21, 1898</u>		6. Sex <u>Female</u> 7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u> 8. No. months <u>9</u> 9. Legitimate? <u>Yes</u>	
4. FULL NAME OF CHILD <u>Neva Ann Drury</u>		10. FULL NAME <u>Rodney Philo Drury</u>	
11. Color <u>White</u> 12. Age at time <u>47</u> yrs. or Race <u>White</u> of THIS birth		16. FULL MAIDEN NAME <u>Cora Belle Gibson</u>	
13. Birthplace <u>Highgate, Vermont</u> (City or town) (State or foreign country)		17. Color <u>White</u> 18. Age at time <u>27</u> yrs. or Race <u>White</u> of THIS birth	
14. Exact Occupation <u>Farmer</u>		19. Birthplace <u>Murray, Iowa</u> (City or town) (State or foreign country)	
15. Industry or Business		20. Exact Occupation <u>Housewife</u>	
.....		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Latah

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 43 years, and that Lina Maxwell, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Bell Drury Signature
406 S. Jefferson, Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of June, 1942
(SEAL) By HARRY A. THOMPSON, Ex-officio Auditor and Recorder, Deputy Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Marjorie A. Blanton, Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-201-040611

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

349742

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Shoshone (b) City Burke
 - (c) Street Address or R.F.D. No.....
 - (d) Name of Hospital or Maternity Home:.....
 - (e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho (b) County Shoshone
 - (c) City Burke
 - (d) Street Address or R.F.D. No.....
 - (e) How long has MOTHER lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Burke, Idaho.

4. **FULL NAME OF CHILD** Lily Louko
5. Date of Birth of Child
(Month, day, year) February 1, 1898
6. Sex Female
7. Twin or Triplet
- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME <u>Thomas Louko</u> | | 16. FULL MAIDEN NAME <u>Ulriika Helena Ojala</u> | |
| 11. Color <u>White</u> | 12. Age at time of THIS birth <u>26</u> yrs. | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>25</u> yrs. |
| 13. Birthplace <u>Ylistaro Finland</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Teuva Finland</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Timberman (in the mines)</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Massachusetts } ss.
County of Norfolk }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Sister.....of the person whose name appears in Item 4, above, that I am now.....48.....years of age, that I have known this person for.....44.....years, and that.....Can not be located....., who attended this birth.....I further state that.....(Is now deceased) or (Cannot be located).....
(First name) (Last name)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Aini S. Jousio.....Signature
24 Greystone street Quincy, Mass......P. O. Address

Subscribed and sworn to before me this 11 day of June, 1942.
(SEAL) Wm. M. Matson.....Notary Public, residing at Quincy, Mass.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

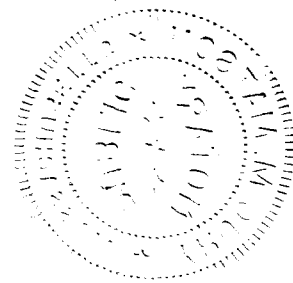
Received for filing on JUN 18 1942 by Marl E. Baker Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



285-213025469

349806

349806

United States
Department of Commerce
Bureau of the Census

JUN 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County IDAHO (b) City GRANCEVILLE
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County IDAHO
(c) City GRANCEVILLE
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** MELVA SHEARER
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** ROBERT DANIEL SHEARER
11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace IONA
(City or town) (State or foreign country)
14. Exact Occupation Shoe maker
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** MARY MELVINA MORRIS
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace LAWRENCEBERG MO.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of IDAHO ss.
County of TWIN FALLS

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for SINCE BIRTH years, and that who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of June, 1942
(SEAL) Leah C. Carlson Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary Elder, Registrar.

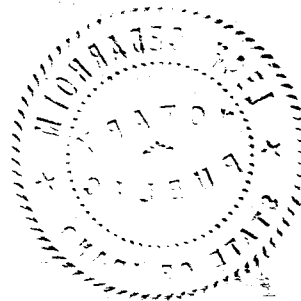
Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-216 001 466

349818

349818

United States
Department of Commerce
Bureau of the Census

1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1021 N 22nd
(e) How long has MOTHER lived in Idaho? 65 yrs.

4. FULL NAME OF CHILD Phive Lorene Brown
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Boise Idaho
5. Date of Birth of Child (Month, day, year) 2-16-1898
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Emmons Warren Brown
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Precher Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Edith Ellis Moore
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Isleay Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Edith M.D. Midwife Address Date
State of Idaho County of Ada } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 44 years, and that Dr George Ballou - Dr Janet who attended this birth both dead. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Edith Ellis Brown Signature
1021 N 22nd Boise P. O. Address
Subscribed and sworn to before me this 29th day of June, 1942
(SEAL) Margaret E. Doe Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

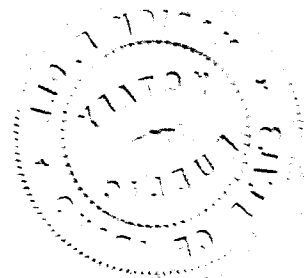
Received for filing on JUN 29 1942 by Margaret E. Doe Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864 109 036962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

349935
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD Leo Harlin Houtz

5. Date of Birth of Child
(Month, day, year) Nov. 9, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Karl Dee Houtz
11. Color white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Francis Robinson
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Petersen Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of.....Idaho.....ss.
County of.....Bannock.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....68.....years of age, that I have known this person for.....43.....years, and that.....Mrs. (unknown).....Payne....., who attended this birth.....is now deceased..... I further state that.....(First name).....(Last name).....(Is now deceased) or (Cannot be located)..... the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature.....
.....198 Randolph.....P. O. Address.....

Subscribed and sworn to before me this.....15.....day of.....April.....19.....42
(SEAL).....Norman J. Steadford.....Notary Public, residing at.....Butte Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....JUN 24 1942.....by.....Mary E. Palmer....., Registrar.

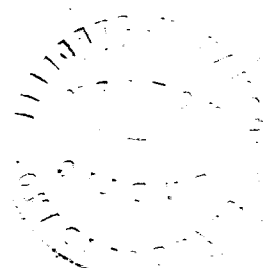
SEP 18 1959

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

853-126020-279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349967**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Elmore** (b) City **Mountain Home**
(c) Street Address or R.F.D. No. **St. not named**
(d) Name of Hospital or Maternity Home: **Born at home**
(e) Mother's stay BEFORE delivery: **10** years **0** months **0** days
IN THIS county
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Elmore**
(c) City **Mountain Home**
(d) Street Address or R.F.D. No. **Not named**
(e) How long has MOTHER lived in Idaho? **23** yrs
3. RESIDENCE OF FATHER (city, state) **Mtn. Home, Ida**

4. FULL NAME OF CHILD **Walter Ayres Helfrich**
5. Date of Birth of Child (Month, day, year) **Aug. 26, 1898**
6. Sex **Male** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd **1st**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

- FATHER OF CHILD
10. FULL NAME **Joseph Dalton Helfrich**
11. Color **White** 12. Age at time of THIS birth **37** yrs.
13. Birthplace **Grass Valley, Calif.**
(City or town) (State or foreign country)
14. Exact Occupation **Tax Collector**
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME **Stella Josephine Sprague**
17. Color **White** 18. Age at time of THIS birth **22** yrs.
19. Birthplace **Cook Bay, Ore.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **William F. Smith** M.D. Midwife Address Date
- State of **California** County of **Los Angeles** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **46** years, and that **William F. Smith** is now deceased who attended this birth. I further state that (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **22d** day of **June**, 19**42**

(SEAL) **Ladie Howard** Notary Public, residing at **Los Angeles Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 24 1942** by **Mary E. E. E.** Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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318 TD 022-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350048**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Tremont (b) City Hillbom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Tremont
(c) City Hillbom
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.

4. FULL NAME OF CHILD

Wilford Woodruff Cahoon

5. Date of Birth of Child
(Month, day, year) March 1, 1898

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? L

FATHER OF CHILD

10. FULL NAME

John Fairington Cahoon

11. Color or Race

White

12. Age at time
of THIS birth 38 yrs.

13. Birthplace

Coalville, Utah
(City or town) (State or foreign country)

14. Exact Occupation

Brick Maker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Magdalena Hansen

17. Color or Race

White

18. Age at time
of THIS birth 34 yrs.

19. Birthplace

Murray, Utah
(City or town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Logan

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 38 years of age, that I have known this person for 44 years, and that

Mary Waltz, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 129, 1937 Session Laws.

Magdalena H. Cahoon

Signature

P. O. Address

Subscribed and sworn to before me this 24th day of June, 1948

(SEAL)

Herman E. Woff

Notary Public, residing at

Logan, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942

by

Mary E. Woff

Registrar.

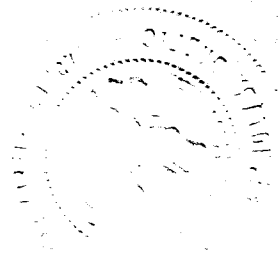
JUN 29 1942

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-121 004695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350185**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **BEAR LAKE** (b) City **MONTPIELER**
(c) Street Address or R.F.D. No. **GENERAL DELY**
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county **ONE** years **6** months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **IDAHO** (b) County **BEAR LAKE**
(c) City **MONTPIELER**
(d) Street Address or R.F.D. No. **GEN DELY**
(e) How long has MOTHER lived in Idaho? **3** yrs.
3. RESIDENCE OF FATHER (city, state) **MONTPIELER IDA**

4. FULL NAME OF CHILD **HARRY LOUIS BAKER**

5. Date of Birth of Child
(Month, day, year) **DEC 21, 1898**

6. Sex **MALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **CHARLES BAKER**
11. Color **WHITE** 12. Age at time of THIS birth **35** yrs.
13. Birthplace **KANSAS CITY KANSAS**
(City or town) (State or foreign country)
14. Exact Occupation **TEAMSTER**
15. Industry or Business **NONE**

MOTHER OF CHILD

16. FULL MAIDEN NAME **ADA LEVINA FREDERICKS**
17. Color **WHITE** 18. Age at time of THIS birth **24** yrs.
19. Birthplace **MORRISTOWN N.J.**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSE WIFE**
21. Industry or Business **NONE**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **ONE**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **BORN ALIVE** at **2** A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **ADA BAKER**, who is related to this child as **MOTHER** (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of **WASHINGTON** ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of **KING**

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **68** years of age, that I have known this person for **44** years, and that **MARY HILLIARD**, who attended this birth **IS DECEASED**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ada Lervino Baker Signature
4011-42ND. AVE. S.W. SEATTLE WN. P. O. Address

Subscribed and sworn to before me this **24** day of **Jan**, 19**42**
(SEAL) **Notary Public**, residing at **Seattle, Wash.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 26 1942** by **Mary E. Lervino** Registrar.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-228016819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350269**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. Post Office
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. Post Office
(e) How long has MOTHER lived in Idaho? 16 yrs.
3. RESIDENCE OF FATHER (city, state) 16 yrs.

4. FULL NAME OF CHILD Nellie Blanche Loveland

5. Date of Birth of Child
(Month, day, year) April 28, 1898

6. Sex Female **7. Twin or** Single **If so—born** ✓
Triplet Birth 1st, 2nd, 3rd

8. No. months 9 **9. Legitimate?** yes
of Pregnancy

FATHER OF CHILD

10. FULL NAME Don Carlos Loveland
11. Color White **12. Age at time** 46 yrs.
or Race White of THIS birth
13. Birthplace Bountiful Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Rosannah Harper
17. Color White **18. Age at time** 43 yrs.
or Race White of THIS birth
19. Birthplace Calls Fort Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Utah **M.D.** Utah **Midwife** Utah **Address** Utah **Date** Utah
State of ss.
Country of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that
Mrs. Howells who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 129, 1937 Session Laws.

Thomas Loveland Signature
Rt 2 Box 273, Provo, Utah P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942
(SEAL) Dean Newson Notary Public, residing at Provo Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mary E. Blodgett Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

350278

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Albert Edward Farmer

5. Date of Birth of Child
(Month, day, year) Jan. 1, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Broadridge Farmer

11. Color White 12. Age at time of THIS birth 38 yrs.
or Race

13. Birthplace Nevada
(City or town) (State or foreign country)

14. Exact Occupation Mining Manager

15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Sinclair

17. Color White 18. Age at time of THIS birth 40 yrs.
or Race

19. Birthplace London, England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Canyon Midwife

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of..... }

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....80.....years of age, that I have known this person for.....44.....years, and that.....Dr. Crompton....., who attended this birth.....is now deceased.....I further state that.....(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Farmer Signature
Route #2, Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942.
(SEAL) Notary Public Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1942 by Mabel Heeler Registrar.

Jul 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

350359

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Meridian</u> (c) Street Address or R.F.D. No. <u>Rural</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Meridian</u> (d) Street Address or R.F.D. No. <u>Rural</u> (e) How long has MOTHER lived in Idaho? <u>33</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Meridian, Ida</u> 5. Date of Birth of Child (Month, day, year) <u>March 10, 1898</u>		4. FULL NAME OF CHILD <u>Harold Ray Barber</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Obediah Turner Barber</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>53</u> yrs. 13. Birthplace <u>Fondulac Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Julia Alice Wilmot</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>43</u> yrs. 19. Birthplace <u>Albert Lea, Minnesota</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
State of California
County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 44 years, and that (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires May 5, 1945

Subscribed and sworn to before me this 22nd day of June, 1942
(SEAL) Shella E. Bunn Notary Public, residing at 3562 Orange Ave.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Long Beach, Calif.

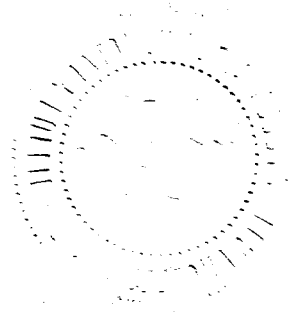
Received for filing on JUL 1 1942 by Mary Registrar.

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154-127033815

350360

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Rexburg</u> (c) Street Address or R.F.D. No. <u>RFD #1</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Rexburg</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>LaReno Lamont Anderson</u>		3. RESIDENCE OF FATHER (city, state) <u>Rexburg, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 27, 1898</u>	
6. Sex <u>male</u>		7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Peter Anderson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>64</u> yrs. 13. Birthplace <u>Stockholm, Sweden, Europe</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farming</u> 15. Industry or Business <u> </u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Josephine Hansen</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Denmark, Europe</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u> </u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William Lyman, who is related to this child as cousin (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Idaho **M.D.** **Midwife** **Address** **Date**
State of..... Idaho **SS.**
County of..... Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Mrs. Wyle, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

William Lyman Signature
Thornton, Idaho P. O. Address

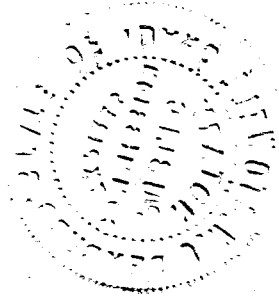
Subscribed and sworn to before me this 30th day of June, 1942
(SEAL) Delbert Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 28, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-119006-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350441

350441

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Presto
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Presto
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Daniel Phillips Collett

5. Date of Birth of Child July 19 1898
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Daniel Ward Collett
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Smithfield Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Lottie Phillips
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Brigham City Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 P.M. on the date July 19 1898
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sarah Collett, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of County of ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 41 years, and that Dr. Bears, who attended this birth, deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Lottie Collett Signature
Dayton Idaho P. O. Address

Subscribed and sworn to before me this 10 day of July, 1942.
(SEAL) Allen M. E. Smith Notary Public, residing at Presto Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1942 by Mary E. Eder Registrar.

JUL 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350455**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Nesperce** (b) City **Cottonwood**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county **4** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Nesperce**
(c) City **Cottonwood**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **26** yrs.
3. RESIDENCE OF FATHER (city, state) **Cottonwood, Idaho**

5. Date of Birth of Child
(Month, day, year) **August 12, 1898**

4. FULL NAME OF CHILD

Laura Ellen Fain

6. Sex **female**

7. Twin or Triplet **no**

If so—born 1st, 2nd, 3rd **--**

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **John Washington Fain**

11. Color or Race **white** 12. Age at time of THIS birth **28** yrs.

13. Birthplace **Kentucky**

(City or town)

(State or foreign country)

14. Exact Occupation **Laborer**

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Ida Mae Randolph**

17. Color or Race **white** 18. Age at time of THIS birth **20** yrs.

19. Birthplace **Nebraska**

(City or town)

(State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **1st** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Washington** } ss.
County of **Blaine**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Uncle** of the person whose name appears in Item 4, above, that I am now **56** years of age, that I have known this person **for some birth** years, and that

who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Randolph Signature
Dayton Wash P. O. Address

Subscribed and sworn to before me this **29** day of **June**, 19 **42**

(SEAL)

Blanche Whipple Notary Public, residing at **Dayton Wash**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

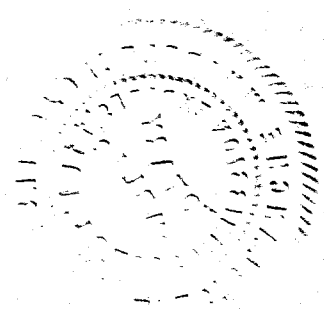
Received for filing on **JUN 22 1942** by **Maude H. Hester** Registrar.

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355 227029 659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **350576**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) same

**4. FULL NAME
OF CHILD**

ROSE ALETTA LEVI

5. Date of Birth of Child

(Month, day, year) May 27, 1898

6. Sex female

7. Twin or
Triplet one

If so—born
1st, 2nd, 3rd 1st

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leonard S. levi
11. Color white 12. Age at time
or Race of THIS birth 21 yrs.
13. Birthplace Indiana, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Josephine Feiger
17. Color white 18. Age at time
or Race of THIS birth 19 yrs.
19. Birthplace Wisconsin, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12:00 noon M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clara J. levi, who is
related to this child as mother
(Mother, etc.)

25. Attendant's no doctor
OWN signature midwife deceased

M.D.
Midwife

Address Mukilteo, Wash. Date June 29, '42

State of Washington
County of Snohomish ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the natural mother of the person whose name appears
in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that
Mrs. Rogers is now deceased who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Clara Josephine Levi Signature
Mukilteo, Washington P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942

(SEAL)

Thorburn Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Thorburn Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-215037-418

350629

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Owyhee (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 5 years months days

4. FULL NAME OF CHILD

Esther Elizabeth Shea

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

6. Sex white

FATHER OF CHILD

10. FULL NAME

David Shea

11. Color white 12. Age at time of THIS birth 45 yrs.

13. Birthplace Canada
(City or town) (State or foreign country)

14. Exact Occupation Rancher and stockman

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee

(c) City

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Owyhee Cty.

5. Date of Birth of Child

(Month, day, year) April 15, 1898

8. No. months

of Pregnancy

9. Legitimate?

yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Maher

17. Color white 18. Age at time of THIS birth 31 yrs.

19. Birthplace Java Center, New York
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that

Ellen Maher (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William S. Maher Signature

917 N. 7th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of June, 1942.

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

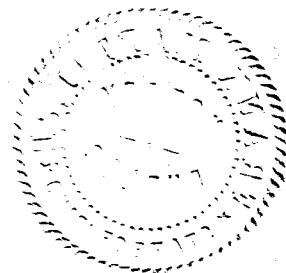
Received for filing on Jul 7 1942 by Marj E. Fisher Registrar.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

667-118-025-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350668

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangerville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangerville
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD

Milton Fogg

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) 12/18/1898

3. RESIDENCE OF FATHER (city, state) same

10. FULL NAME

Frank Emerson Fogg

11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Contra Costa, Cal. New H.
(City or town) (State or foreign country)

14. Exact Occupation lawyer
15. Industry or Business

16. FULL MAIDEN NAME

Eliza Ann Fogg

17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Bay Shore, Mass.
(City or town) (State or foreign country)

20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Asotin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 43+ years, and that Dr. Bibby, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of June, 19 41

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

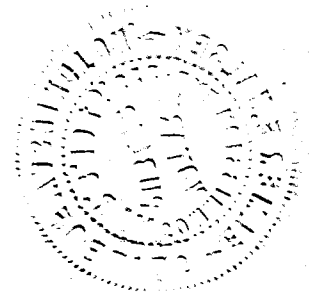
Received for filing on JUN 29 1942 by Ernie Miller, Registrar.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

17 (Be sure the information is as of date of birth of THIS child)
1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

350835

350835

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 1 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Warren Kelley

5. Date of Birth of Child
(Month, day, year) Sept 27, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Franklin Kelley
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Ida. Wash. Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Evelyn Buffington
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Honey Creek Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 40 years, and that Mr. Powers who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Evelyn Kelley Signature
R. B. Meendian P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942
(SEAL) Omberg Notary Public, residing at Meendian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1942 by Mary E. Elder Registrar.

JUL 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-018-001-242

350865

350865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. White Cross Rd
(d) Name of Hospital or Maternity Home: At our home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. White Cross Rd
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho4. FULL NAME OF CHILD Quanne Berrie Karnes5. Date of Birth of Child (Month, day, year) Mar 18 - 18986. Sex Female 7. Twin or Triplet 1st 2nd, 3rd8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mary Geline Karnes
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Healing Springs Va
(City or town) (State or foreign country)
14. Exact Occupation clerk in store
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulla Busby
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Meridian Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Idaho
County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Mrs Hunter who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Karnes

Signature

501 So - 15 - St

P.O. Address

Subscribed and sworn to before me this 22 day of July1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Notary Public, residing at Boise IdaReceived for filing on JUL 22 1942 by Mary G. Karnes, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1981

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336-201-014-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350905**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Camden (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 7 months days

4. FULL NAME OF CHILD Edith Margaret Stovel

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME George H. Stovel
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Chicago - Ill
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Camden
(c) City New Plymouth
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

5. Date of Birth of Child Feb 1 - 1898
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura A. Raynolds
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Arlington - Va
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Address Date
Midwife

State of Oregon County of Clatsop ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 18 years, and that Dr Miles, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura A. Stovel Signature
652 N. Greeley Portland Oregon P. O. Address

Subscribed and sworn to before me this 2 day of January, 1942
(SEAL) Wm. P. Cochran Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Wm. P. Cochran 1943

Received for filing on JUL 3 1942 by Mary E. [Signature] Registrar.

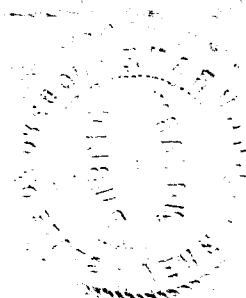
FEB 18 1960

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

350930

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bearlake (b) City Montpelier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bearlake
(c) City Montpelier
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 10 yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Marcella Obrey
5. Date of Birth of Child
(Month, day, year) March 7 1898
6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME John Obrey
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Railroad Worker
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Elizabeth Bruce
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Centerville Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

- State of California
County of Los Angeles } ss.
- AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Mary Hillier, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Elizabeth Obrey Signature
Long Beach, Calif. P. O. Address
- Subscribed and sworn to before me this 9th day of July, 1942.
(SEAL) Hope I Case Notary Public, residing at Long Beach, Cal.
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on JUL 13 1942 by Mary Hillier, Registrar.

66-2028

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

859-222-228-361

350949

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Near Harrison
(c) Street Address or R.F.D. No. 1 mile from Medimont
(d) Name of Hospital or Maternity Home:
Born in cabin
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Near Medimont
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child
(Month, day, year) Aug. 22 1898

4. FULL NAME OF CHILD

Bertha Anne Herrington

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Herrington
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Jefferson County Missouri
(City or town) (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cordelia Mires Coates
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Texas County Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 43 years, and that Mrs. Clyde Evans, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Cordelia Herrington Signature
250 Iowa Ave. Salem Oregon P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942.
(SEAL) [Signature] Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

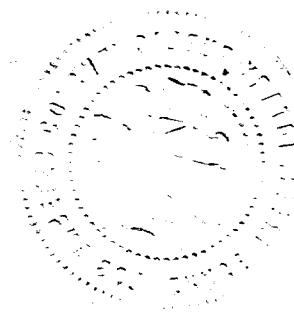
Received for filing on JUL 13 1942 by Mabel [Signature], Registrar.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350950
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 31 years — months — days 20

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

Antoine LaBelle

3. RESIDENCE OF FATHER (city, state)

Coeur d'Alene
5. Date of Birth of Child
(Month, day, year) June 23^d 1898

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy — 9. Legitimate? —

FATHER OF CHILD

10. FULL NAME Pascal LaBelle
11. Color or Race White 12. Age at time of THIS birth? — yrs.
13. Birthplace Minneapolis Minn.
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Addelle Lambert
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Minneapolis Minn.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington County of King } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 44 years, and that.....
(First name) Mrs. Poliaus (Last name) — who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this 20th day of June, 1942
(SEAL) St. Louis Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel B. B. B. Registrar.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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993-103-040-363

350952

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 1 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Oregon (b) County Clatsop
(c) City Astoria
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 mo. yrs.
3. **RESIDENCE OF FATHER** (city, state) Astoria, Ore.

4. **FULL NAME OF CHILD** Leslie Lee Richardson
5. Date of Birth of Child
(Month, day, year) 4/3/1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|---|
| 10. FULL NAME <u>Charles Richardson</u> | 16. FULL MAIDEN NAME <u>Maude Marilla Cole</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>43</u> yrs. |
| 11. Birthplace <u>New London, Connecticut</u>
(City or town) (State or foreign country) | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>21</u> yrs. | 19. Birthplace <u>Tulare, California</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Sea Captain, U.S. Lt. Hs. Serv.</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
- State of Oregon County of Clatsop } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 44 years, and that Dr. Machette, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937-Session Laws.

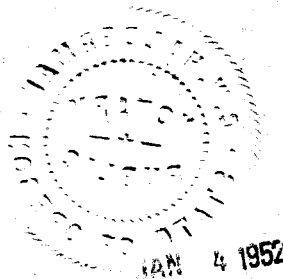
- Lucile Cole Danbarrow Signature
Jewell, Oregon. P. O. Address
- Subscribed and sworn to before me this 29th day of June, 19 42
(SEAL) W. H. Alderman Notary Public, residing at Astoria, Oregon.
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-904, Idaho Code, which provides that commission expires May 7, 1946)
- Received for filing on JUL 11 1942 by Mary E. Pratt Registrar.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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279-2011022-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350972
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Reedy
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Reedy
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 11 months yrs.

3. RESIDENCE OF FATHER (city, state) Reedy, Idaho

5. Date of Birth of Child
(Month, day, year) 4-1-1898

4. FULL NAME OF CHILD Blanche Le Rue Spracher

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Bilton Spracher
11. Color white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Barth, Garden, Washington
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Ada Taylor
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Harrisville, Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Reedy M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lucy Ada Spracher, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Terrerson ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Ellis Baugh M. Co. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Ada Spracher X Signature
248 3rd St; Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942
(SEAL) Ellis M. Baugh Notary Public, residing at Rigby, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

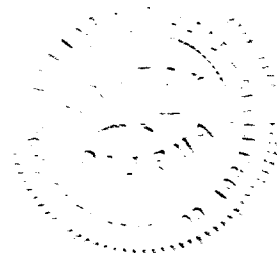
Received for filing on JUL 13 1942 by M. J. Keeler Registrar.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



449-118-028-749

351004

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Sandpoint</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Sandpoint</u> now <u>Bonner</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Sandpoint, Idaho</u>	
4. FULL NAME OF CHILD <u>Arthur Powell Murphy</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>May 13, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>Thomas Edward Murphy</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>50</u> yrs. 13. Birthplace <u>Pennsylvania</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Telegraph Operator for</u> 15. Industry or Business <u>N. P. Railway Co.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Elizabeth Purdy</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>45</u> yrs. 19. Birthplace <u>Bath</u> <u>New York</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>No</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:30 P.M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Julia McRae, who is related to this child as midwife (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature Julia McRae ~~XXX~~ Midwife Address Sandpoint, Idaho Date 7/8/42

State of
 County of { ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (Mother, etc.)
, who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
 P. O. Address

Subscribed and sworn to before this day of 19.....
 (SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 13 1942 by M. J. [Signature] Registrar.

JUL 22 1942

FEB 15 1966

JUN 26 1968

FEB 9 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

351157

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Purcell
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 7 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 30 yrs.

4. FULL NAME OF CHILD Clarence William Burrows

3. RESIDENCE OF FATHER (city, state) Weiser, Ida
5. Date of Birth of Child (Month, day, year) Oct 17, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Benjamin Burrows
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Ontario, Canada
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Mary Thompson
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Ontario, Canada
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at Dayton M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William Benjamin Burrows, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature William Benjamin Burrows Midwife Address Weiser, Ida Date 6/25/1942

State of Idaho ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 43 years, and that Joseph Kunstark who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

William Benjamin Burrows Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of June, 1942
(SEAL) John E. Hauer, Probate Judge Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by Marj Beeler, Registrar.

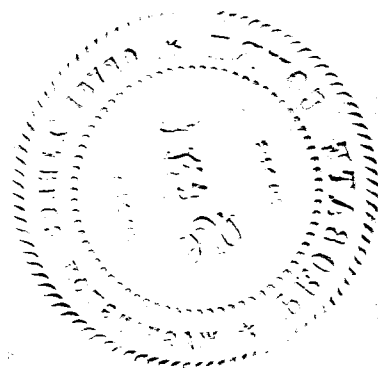
JUL 17 1942

AUG 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

257-101-201-347

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **351180**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 13th St.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 13th St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** James Elbert Sexton 5. Date of Birth of Child July 13 1898
(Month, day, year)

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James P. Sexton</u>	16. FULL MAIDEN NAME <u>Carrie Cox</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth. <u>19</u> yrs.
11. Birthplace <u>White River, Arkansas</u> (City or town) (State or foreign country)	19. Birthplace <u>Grundy, Virginia</u> (City or town) (State or foreign country)	20. Exact Occupation <u>House wife</u>	21. Industry or Business
12. Color or Race <u>White</u>			
13. Age at time of THIS birth. <u>29</u> yrs.			
14. Exact Occupation <u>Farmer</u>			
15. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for years, and that Dr. Healy who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Mrs. Carrie Cox Sexton Signature
Cinebar, Washington P. O. Address

Subscribed and sworn to before me this 15th day of July 1942
(SEAL) J. N. McFarlane Notary Public, residing at Chehalis, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)
Received for filing on JUL 15 1942 by Mabel E. Peters, Registrar.

FEB 17 1961

JUL 17 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

996 1024 016-331

352307

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. Ranch
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Albion Idaho
5. Date of Birth of Child October 24, 1898
(Month, day, year)

4. FULL NAME OF CHILD Frank McKee Irwin
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

6. Sex Male

FATHER OF CHILD
10. FULL NAME Benjamin Franklin Irwin
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Dayton Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Rancher and Stockman
15. Industry or Business Cattle raising

MOTHER OF CHILD
16. FULL MAIDEN NAME Annie Mary Clarkson
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Central City, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Cassia

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 43 years, and that _____ is now deceased
(First name) (Last name)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Mary Clarkson Irwin Signature
Burley Idaho P. O. Address
Subscribed and sworn to before me this _____ day of _____, 1942
(SEAL) _____ Notary Public, residing at Burley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

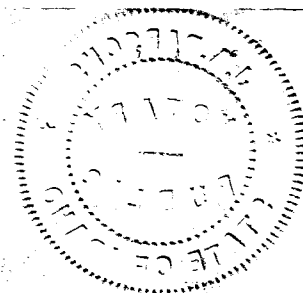
Received for filing on JUL 16 1942 by _____ Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695 206 040 154

352308

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Alma Eleanora FREEMAN
6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

3. **RESIDENCE OF FATHER** (city, state) Wallace
5. Date of Birth of Child Aug. 6th, 1898
(Month, day, year)
8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Olef Freeman
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mine

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Sophia Anderson
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Usual precautions were taken
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** W.D. Midwife Address — Date —

State of Washington
County of Spokane ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that Mrs. (do not know) Amunsen, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles O. Freeman Signature
East 17 Indiana Ave., Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 20th day of June, 1942.
(SEAL) Wm. McKee Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires Aug 7-1944

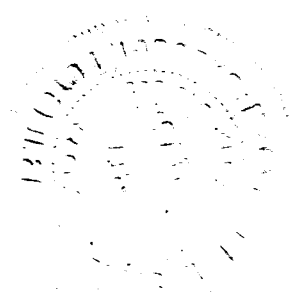
Received for filing on JUL 20 1942 by Mary E. Fisher Registrar.

408235
JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-109628-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **352329**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Belgrove
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Belgrove
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Belgrove, Ida.

5. Date of Birth of Child
(Month, day, year) March-9-1898

4. FULL NAME OF CHILD

Horace Alden Larsen

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jacob All Larsen
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Madison Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Store Keeper
15. Industry or Business Postoffice Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Carry Gurena Stinson
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Cresco Iowa
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Address Date

State of Washington } ss.
County of Chelan

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Mrs. William Lopez, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlie Gurena Larsen Signature

4005-15th Ave. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 15 day of July 1942

(SEAL) Mrs. Hallbracht Notary Public, residing at Chelan, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

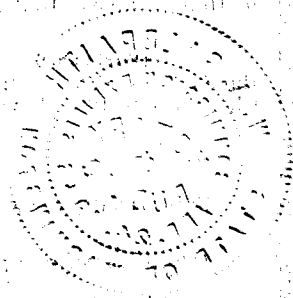
Received for filing on JUL 16 1942 by Mrs. Hallbracht, Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352355**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** LEONA MABEL TAVIS

5. Date of Birth of Child
(Month, day, year) November 4, 1898

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Tavis
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace State of Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mina Belle Addington
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace State of Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

No.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Washington M.D. Midwife Address Yakima Date
State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 43 years, and that Dr. Powell is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

William Henry Tavis Signature
Sunnyside, Washington P. O. Address

Subscribed and sworn to before me this 16th day of July, 1942.
(SEAL) Bernice Anna Notary Public, residing at Sunnyside, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by M. J. [Signature] Registrar.

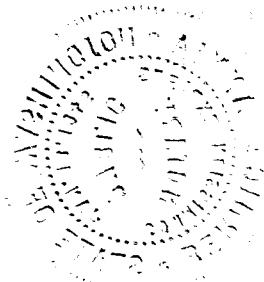
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JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-228003-467

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352384**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bannock** (b) City **Riverside**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **9** years months days

4. FULL NAME OF CHILD

Elva Lapreil Harris Park

6. Sex **Female**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Ransom Enoch Harris

11. Color **White**

12. Age at time of THIS birth **27** yrs.

13. Birthplace **Portage**

(City or town)

(State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Ida** (b) County **Bannock**
(c) City **Riverside (or Montpelier)**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **43** yrs.

3. RESIDENCE OF FATHER (city, state)

Rivier Idaho

5. Date of Birth of Child

(Month, day, year) **July 28 - 1898**

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elizabeth Morris Harris

17. Color **White**

18. Age at time of THIS birth **29** yrs.

19. Birthplace **Portage**

(City or town)

(State or foreign country)

20. Exact Occupation **House Wife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** ss.
County of **Jefferson**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **43** years, and that

Esther Morris (Last name), who attended this birth **deceased** I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Harris

Signature

Rivier R-2 - Ida

P. O. Address

Subscribed and sworn to before me this **6** day of **July**, 19 **42**

(SEAL)

Frank R. Miller

Notary Public, residing at **Rivier, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUL 13 1942**

by **Mabel Holman**

Registrar.

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-112 C10-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **352387**
Local Reg. No.
Reg. Dist. No.

- | | |
|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Bonneville</u> (b) City <u>Iona</u>
(c) Street Address or R.F.D. No. <u>None</u>
(d) Name of Hospital or Maternity Home: <u>None</u>
(e) Mother's stay BEFORE delivery:
<u>IN THIS county three</u> years - months - days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bonneville</u>
(c) City <u>Iona</u>
(d) Street Address or R.F.D. No. <u>None</u>
(e) How long has MOTHER lived in Idaho? <u>Three</u> yrs. |
|--|--|

- | | |
|--|--|
| 4. FULL NAME OF CHILD <u>Oliver Ruffus Berg</u> | 5. Date of Birth of Child
(Month, day, year) <u>February 12 1898</u> |
| 6. Sex <u>Male</u> | 8. No. months of Pregnancy <u>Nine</u> |
| 7. Twin or Triplet <u>No</u> | 9. Legitimate? <u>Yes</u> |

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|-----------------|--|
| 10. FULL NAME <u>Francis Axel Berg</u> | 16. FULL MAIDEN NAME <u>Johanna Ulreka Petersen</u> | | |
| 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> | | |
| 12. Age at time of THIS birth <u>37</u> yrs. | 18. Age at time of THIS birth <u>42</u> yrs. | | |
| 13. Birthplace <u>Jonkeping, Sweden</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Kasshult, Kronberg Law, Sweden</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Farming</u> | 21. Industry or Business <u>Housewife</u> | | |

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.**
- 23. Number of children of this mother:** (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

- 25. Attendant's OWN signature** **M.D.** **Address** **Date**

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now forty-nine years of age, that I have known this person for forty-four years, and that the midwife (name unknown) is now deceased or cannot be located. I further state that (First name) (Last name) (Is now deceased) or (cannot be located) who attended this birth the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Josephine Washington Signature
128 Park Ave., Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942.
(SEAL) J. A. M. Miller Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel E. Petersen, Registrar.

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

352445

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CASSIA (b) City OKLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CASSIA
(c) City OKLEY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs

4. FULL NAME OF CHILD BEATRICE HORTENSE SAMUELSON

6. Sex FEMALE 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd ☒

3. RESIDENCE OF FATHER (city, state) Okley, Idaho

5. Date of Birth of Child (Month, day, year) DEC. 18, 1898

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME AUGUST SAMUELSON
11. Color WHITE 12. Age at time of THIS birth 48 yrs.
13. Birthplace STOCKHOLM - SWEDEN
(City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME CATHERINE NELSEN
17. Color WHITE 18. Age at time of THIS birth 42 yrs.
19. Birthplace COPENHAGEN - DENMARK
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of CALIFORNIA ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of LOS ANGELES

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 43 years, and that MAURILYN MCBRIDEN who attended this birth IS NOW DECEASED. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of July, 1942.
Commission Expires Sept. 23, 1943 Notary Public, residing at Long Beach Calif
(SEAL) Frances Wilcox Signature
1775 Center Ave Long Beach Calif P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Mary E. [Signature] Registrar.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



262-128-029 994

352446

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Washington</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>years 6 months days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6 mos.</u> yrs.	
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4. FULL NAME OF CHILD <u>IRA GEORGE BOSOMWORTH</u>		5. Date of Birth of Child (Month, day, year) <u>10/28/1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD 10. FULL NAME <u>WILLIAM ROBERT BOSOMWORTH</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Edwardsville, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farm laborer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>LOUISA BARBARA ZIMMERMAN</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Edwardsville, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia-Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:30 A.M. on the date 10/28/1898 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by LOUISA BARBARA BOSOMWORTH, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature Deceased **M.D.** Midwife **Address** Washington **Date** SNOWHISH

State of WASHINGTON County of SNOWHISH ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 43 years, and that Mrs. PRICE (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Barbara Bosomworth Signature
901 Maple Street P. O. Address
Everett, Washington, 19 42

Subscribed and sworn to before me this 10th day of July
Clifton M. Newton Notary Public, residing at Everett
 (SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

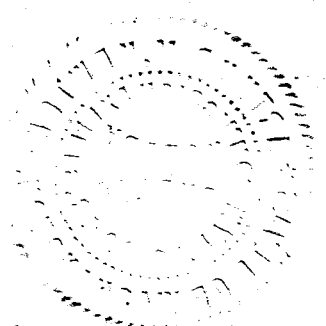
Received for filing on Nov 20 1942 by Marjorie E. Fisher Registrar.

64832
JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

431 107001 453

352548

352548

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1013 E. BANNOCK
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 4 months _____ days

4. FULL NAME OF CHILD GUY ELMER McADAMS

6. Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME HENRY HARRISON McADAMS

11. Color WHITE 12. Age at time of THIS birth _____ yrs.

13. Birthplace Mulberry Grove Illinois
(City or town) (State or foreign country)

14. Exact Occupation Contractor - Building

15. Industry or Business _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County ADA
(c) City BOISE

(d) Street Address or R.F.D. No. 1013 E. BANNOCK ST.

(e) How long has MOTHER lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) DECEASED

5. Date of Birth of Child
(Month, day, year) DEC. 7, 1896

8. No. months of Pregnancy 9 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH EVELYN DECKARD

17. Color White 18. Age at time of THIS birth 30 yrs.

19. Birthplace MARSHFIELD MISSOURI
(City or town) (State or foreign country)

20. Exact Occupation HOUSEKEEPER - HOME

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 11:00 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature _____ (Mother, etc.)

M.D. _____ Address _____ Date _____

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 43 years, and that Mrs. Ave (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Rombro Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me this 25 day of July, 19 42

(SEAL)

Notary Public Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Maryl E. Elder, Registrar.

JUL 9 7 1942

601 N 31st

FEB 10 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-2110361262

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352606**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Virtur Hollingsworth
5. Date of Birth of Child
(Month, day, year) Nov 11 1898

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Yes 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Marvin D Hollingsworth
11. Color white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Omaha Neb.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Annie Bosworth
17. Color white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 8: P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Marvin Hollingsworth who is
related to this child as Father
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Idaho M.D. Franklin Address Idaho Date Idaho
State of Idaho County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 44 years, and that Mrs. M.C. Queen who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of July, 1948
(SEAL) Marvin D Hollingsworth Signature
Preston, Idaho P. O. Address
Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Marvin D Hollingsworth, Registrar.

808121

JUL 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213 122 040955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

352667

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City BLACK BEAR
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home:
BORN AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County SHOSHONE
(c) City BLACK BEAR
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) BLACK BEAR IDAHO

4. **FULL NAME OF CHILD** ANDREW EDWARD SALABURA
5. Date of Birth of Child (Month, day, year) AUG - 22 - 1898
6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** ANDREW JOHN SALABURA
11. Color or Race WHITE 12. Age at time of THIS birth 32 yrs.
13. Birthplace FINLAND
(City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business ORE MINING

MOTHER OF CHILD
16. **FULL MAIDEN NAME** SUSAN AGNES ZENTKO
17. Color or Race WHITE 18. Age at time of THIS birth 28 yrs.
19. Birthplace SPISKY CZECHOSLOVAKIA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of WASHINGTON } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of KING in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears
in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that
(Mother, etc.)
MRS. FROLIO who attended this birth CANNOT BE LOCATED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Susan Agnes Salabura Signature

309 - 16th AVE. NO. SEATTLE WASH. P. O. Address

Subscribed and sworn to before me this 22 day of July 1942

(SEAL) H. A. Knowlton Notary Public, residing at Seattle Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 24 1942 by Harold E. Blaker Registrar.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695 225031-386

352678

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... <u>Lewis</u> (b) City..... <u>Nez Perce</u> (P.O.) (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... <u>Idaho</u> (b) County..... <u>Lewis</u> (c) City..... <u>Nez Perce</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>			

4. FULL NAME OF CHILD <u>EVELYN A. FREDRICKSON</u>	5. Date of Birth of Child (Month, day, year)..... <u>MARCH 25, 1898</u>
6. Sex <u>FEMALE</u>	7. Twin or Triplet <u>--</u>
8. No. months of Pregnancy <u>--</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>FRED FREDRICKSON</u>	16. FULL MAIDEN NAME <u>ANNA THOMPSON</u>		
11. Color or Race <u>WHITE</u>	17. Color or Race <u>WHITE</u>		
12. Age at time of THIS birth yrs.	18. Age at time of THIS birth yrs.		
13. Birthplace <u>SWEDEN</u> (City or town) (State or foreign country)	19. Birthplace <u>NORWAY</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>FARMER & CARPENTER</u>	20. Exact Occupation <u>HOUSEWIFE</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....

State of.....**WASHINGTON**.....**AFFIDAVIT** to be completed when the attendant does not sign
County of.....**Spokane**.....in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**Personal Acquaintance**.....for the person whose name appears
in Item 4, above, that I am now.....77.....years of age, that I have known this person for.....44.....years, and that
....., who attended this birth.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....30th.....day of.....May.....1942.....**Seattle, Wash.**
(SEAL).....**Naomi E. Nedal**.....Notary Public, residing at.....**Spokane**.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

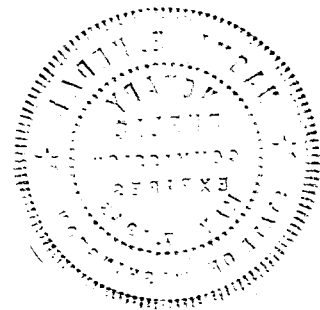
Received for filing on.....**JUL 23 1942**.....by.....**Wm. E. Blaker**....., Registrar.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-221035 845

352691

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

LEALAND JOSEPHINE STORV

5. Date of Birth of Child

(Month, day, year) July 31 - 1898

6. Sex

FEMALE

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Milton Storv

11. Color

white

12. Age at time

of THIS birth 54 yrs.

13. Birthplace

Kansas

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary E. Hensel

17. Color

white

18. Age at time

of THIS birth 43 yrs.

19. Birthplace

Idaho

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 11:00 A.M. on the date

(Born alive—alborn)

and at the place stated above, and that personal particulars were furnished by Grace Story Hensel, who is related to this child as.....

(Mother, etc.)

(First name)

(Last name)

25. Attendant's

OWN signature

Grace Story Hensel

M.D.

Midwife

Address

Rt 1, Ellensburg

Date

Jan. 30, 1942

State of Idaho

County of Kittitas

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Story Hensel

Signature

P. O. Address

Subscribed and sworn to before me this 30th day of Jan, 1942.

(SEAL)

Notary Public, residing at Kittitas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jul 24 1942 by Registrar

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

413-207025-243

352817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Cottonwood</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>10</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Near Cottonwood</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>1+</u> yrs.	
4. FULL NAME OF CHILD <u>Jennie Iona Manning</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 7 1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u></u> If so—born <u></u> 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Vencil Manning</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Berksh Co. Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Eva Margaret Butler</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29+</u> yrs. 19. Birthplace <u>Oskaloosa Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at near 4 P.M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Eva M. Manning who is related to this child as Mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature Eva M. Manning **M.D.** **Address** **Date**

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 44 years, and that Mary a Butler (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of July 1942
 (SEAL) William Campbell Notary Public, residing at Grangeville, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mary Elder Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352841
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)

(a) County Key Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Clear Lake
(c) City Lewiston
(d) Street Address or R.F.D. No. name

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) 6

5. Date of Birth of Child
(Month, day, year) 7/27/98

4. FULL NAME OF CHILD Virginia Irene Barham

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Lee Barham

11. Color White 12. Age at time
or Race of THIS birth 33 yrs.

13. Birthplace King Co Wash
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Virginia Cox

17. Color White 18. Age at time
or Race of THIS birth 24 yrs.

19. Birthplace Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4 above, that I am now 33 years of age, that I have known this person for fifteen years, and that

X (First name) (Last name) who attended this birth of child I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27 day of July, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES SEP. 18, 1945

Received for filing on JUL 28 1942

by

Mary E. Egan Registrar.

Signature
O. Address
313 Labor Temple
Portland Oregon

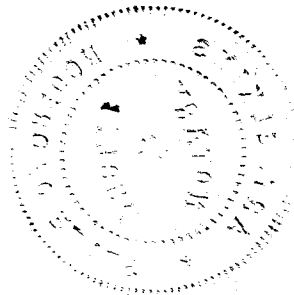
JUL 31 1942

RECEIVED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863 104035 266

352865

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nesperce (b) City Lenore
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nesperce
(c) City Lenore
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Lenore, Ida.
5. Date of Birth of Child
(Month, day, year) Sept. 4, 1898.

4. **FULL NAME OF CHILD.** Ora Paul Hollingsworth
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME.** James Abraham Hollingsworth
11. Color White 12. Age at time of THIS birth. 37 yrs.
13. Birthplace Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME.** Nancy Martha Booher
17. Color White 18. Age at time of THIS birth. 33 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Farmer's Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6..... (b) Born alive and now living 4.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of San Joaquin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for near 44 years, and that Party, who attended this birth Cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Myrtle Waterpough Signature
P. O. Address

Subscribed and sworn to before me this 25th day of July, 1942.
(SEAL) F. H. Lorenzen Notary Public, residing at 1011 Shasta
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) Commission Expires July 31, 1944.

Received for filing on JUL 29 1942 by Mary E. Elder Registrar.

JUL 31 1942

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269-207-604-397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352894**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Beary Lake** (b) City **Georgetown**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **At Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **10** years **10** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Beary Lake**
(c) City **Georgetown**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **10** yrs.
3. RESIDENCE OF FATHER (city, state) **Georgetown Ida.**

4. FULL NAME OF CHILD **Eather Elizabeth Sorensen**
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? **Yes**

5. Date of Birth of Child
(Month, day, year) **Feb. 7. 1898**

FATHER OF CHILD
10. FULL NAME **Christen Sorensen**
11. Color **White** 12. Age at time of THIS birth **40** yrs.
13. Birthplace **Copenhagen Denmark**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Alice R. Tippetts**
17. Color **White** 18. Age at time of THIS birth **37** yrs.
19. Birthplace **Bright City Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **House Wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **10** (b) Born alive and now living **Yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of **Utah** County of **Salt Lake** } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4, above, that I am now **55** years of age, that I have known this person for **44** years, and that **Alice Jonett Tippetts**, who attended this birth **Died Oct. 1915** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sorensen Signature
2001 So. 13 East Salt Lake Utah P. O. Address

Subscribed and sworn to before me this **20** day of **July** 1942
(SEAL) **George H. Cam** Notary Public, residing **Salt Lake County**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **Salt Lake City**

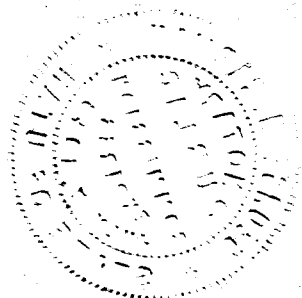
Received for filing on **JUL 30 1942** by **Marj 16** Registrar

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352922**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. R.F.D. #
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. R.F.D. #
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

5. Date of Birth of Child
(Month, day, year) Dec. 13, 1899

4. FULL NAME
OF CHILD

ENOCH ARDEN RUSAW

6. Sex

Male

7. Twin or

Triplet

No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL

NAME Noah Sheffield Rusaw

11. Color

White

12. Age at time

of THIS birth 37 yrs.

13. Birthplace

St. Joseph, Mo.

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

None

MOTHER OF CHILD

16. FULL MAIDEN

NAME Amy Ella Parrott

17. Color

White

18. Age at time

of THIS birth 34 yrs.

19. Birthplace

Amity, Oregon

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife,

21. Industry or

Business

None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

Dr. Carathers

now deceased.

M.D.

Midwife

Address

Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the elder sister of the person whose name appears
in Item 4, above, that I am now 46 years of age, that I have known this person for 43 years, and that

Dr. Carathers
(First name) (Last name)

who attended this birth is now deceased. I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Amy Rusaw Lanning : Signature
R.F.D. # 1, Box 221, Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of July, 1942

(SEAL)

R. D. Duggemeier

Notary Public, residing at Walla Walla, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30, 1942 by Max H. Elder, Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



352964

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alice Ann Hulse

5. Date of Birth of Child
(Month, day, year) Dec 28 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph William Hulse

11. Color or Race white 12. Age at time of THIS birth 36 yrs.

13. Birthplace Wyoming
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ann Buckley

17. Color or Race white 18. Age at time of THIS birth 35 yrs.

19. Birthplace England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Family record, who is
(First name) (Last name)
related to this child as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Franklin } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 52 years of age, that I have known this person for 43 years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Joseph William Hulse Signature
Oreston Idaho O. Address

Subscribed and sworn to before me this 37 day of July 1943
(SEAL) Notary Public, residing at Oreston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by [Signature] Registrar.

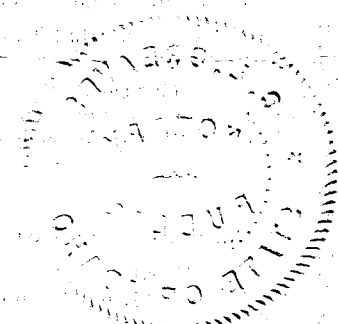
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

28720-002-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **352969**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Adams</u> (b) City <u>Council</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>In mother's home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>31</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Council</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>31</u> yrs.	
4. FULL NAME OF CHILD <u>Mariett Shaw</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 16, 1898</u>	
6. Sex <u>White</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ben Shaw</u>	16. FULL MAIDEN NAME <u>Catherine Rebecca Bacus</u>		
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Mondamin Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Howland Mo.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of Oregon } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Mrs. Sam Woods, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Rebecca Austin Signature

P. O. Address

Subscribed and sworn to before me this 29th. day of July 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at French Creek
NOTARY PUBLIC FOR OREGON

Received for filing on JUL 31 1942

by

Mary E. Fisher Registrar.
EXPIRES FEB 26 1944

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-118001-279

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United States
Department of Commerce
Bureau of the Census

AUG 3 - 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. SANTA 17 ST
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years ~ months ~ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. S 14 ST
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) BOISE IDAHO

4. **FULL NAME OF CHILD** LESTER ARTON HOOVER

5. Date of Birth of Child
(Month, day, year) 3 / 18 / 1898

6. Sex MALE 7. Twin or Triplet IF so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SEDEGWICK HOOVER
11. Color WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace WICHITA KANSAS
(City or town) (State or foreign country)
14. Exact Occupation PLASTERER
15. Industry or Business BUILDING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LENA SPITZLER
17. Color WHITE 18. Age at time of THIS birth 26 yrs.
19. Birthplace SWITZERLAND
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Mrs. Thompson, who attended this birth DECEASED. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Lena Bruno Signature
Boise, Ida. P. O. Address

Subscribed and sworn to before me this 30 day of August, 1942
(SEAL) Notary Public, residing at Boise Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Marj Elder Registrar.

AUG 3 - 1942

AUG 4 1942

DEC 20 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. 353000
Local Reg. No. 353000
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Stanton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Stanton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>27</u> yrs.	
4. FULL NAME OF CHILD <u>Iva Vivene Chaney</u>		5. Date of Birth of Child (Month, day, year) <u>April 11, 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Chaney</u>		16. FULL MAIDEN NAME <u>Laura Jane Fowler</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>42</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Indiana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Sarah E Martin **M.D.** **Midwife** **Address** **Date**
State of County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 - 1942 by Mary E Elder, Registrar.

AUG 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

193-15700-28

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353009

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>near Maple Grove</u> (c) Street Address or R.F.D. No. <u>School</u> (d) Name of Hospital or Maternity Home: <u>School</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>School</u> (d) Street Address or R.F.D. No. <u>near Maple Grove</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Floyd Chester Wilson</u>		3. RESIDENCE OF FATHER (city, state) <u>Ada Co. Idaho</u>	

6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
5. Date of Birth of Child (Month, day, year) <u>May 15, 1898</u>			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Grant Wilson</u>	16. FULL MAIDEN NAME <u>Nora Shawver</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>20</u> yrs.
11. Birthplace <u>Topeka Kansas</u> (City or town) (State or foreign country)	19. Birthplace <u>American City Kansas</u> (City or town) (State or foreign country)	20. Exact Occupation <u>freighter</u>	21. Exact Occupation <u>housewife</u>
12. Industry or Business <u>freighting</u>	22. Industry or Business <u>freighting</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D.
Midwife Address Date

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Placer }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all his life, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Shawver Wilson Signature
100 Coronado Ave., Roseville, California P. O. Address
Subscribed and sworn to before me this 6th day of August, 1942
(SEAL) Clayton J. [Signature] Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public in and for the County of Placer, State of California.
My commission expires Aug. 30, 1942

Received for filing on AUG 12 1942 by Mary [Signature], Registrar.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813121 037-216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

353011

State File No. **353011**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **OWYHEE** (b) City **WILSON**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county **8** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **OWYHEE**
(c) City **WILSON**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **8** yrs.

3. RESIDENCE OF FATHER (city, state) **WILSON, IDAHO**

4. FULL NAME OF CHILD **CARL GUSTAV HALLBERG**

6. Sex **MALE** **7. Twin or Triplet** If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **ALBIN HALLBERG**
11. Color or Race **WHITE** **12. Age at time of THIS birth** **31** yrs.
13. Birthplace **FINSPOG SWEDEN**
(City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **HELENA SJOMAN**
17. Color or Race **WHITE** **18. Age at time of THIS birth** **31** yrs.
19. Birthplace **FINSPOG SWEDEN**
(City or town) (State or foreign country)
20. Exact Occupation **FARM WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of **Idaho** }
County of **Canyon** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **75** years of age, that I have known this person for **44** years, and that **Mrs. Schuster**, who attended this birth **is now deceased**, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helena Hallberg

✓ Signature

419-13th Ave S Kanya Idaho

P. O. Address

Subscribed and sworn to before me this **8** day of **August**, 19**42**

(SEAL)

John H. Brandt

Notary Public, residing at **Kanya Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **AUG 12 1942** by **Mabel E. Eder**, Registrar.

AUG 13 1942

SEP 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353025
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
3. **RESIDENCE OF FATHER** (city, state) Mtn. Home, Ida.

4. **FULL NAME OF CHILD** Thomas Henry Mellen
5. Date of Birth of Child (Month, day, year) Sept. 14, 1898
6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thos. Mellen
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace St. Austel England
(City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Ellen Cliff
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Elmore }

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 43 years, and that W. S. Smith, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude M. Dick Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of August, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations)

Received for filing on July 15, 1942 by Mary E. Elder Registrar.

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Freemont</u> (b) City <u>Ora</u>		(a) State <u>Idaho</u> (b) County <u>Freemont</u>	
(c) Street Address or R.F.D. No.		(c) City <u>Ora</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
<u>born on farm</u>		(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
(e) Mother's stay BEFORE delivery:		3. RESIDENCE OF FATHER (city, state) <u>Ora, Ida</u>	
IN THIS county <u>17</u> years months days			

4. FULL NAME OF CHILD <u>Elden Russell Garner</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 15, 1898</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	
If so—born 1st, 2nd, 3rd			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Henry Garner</u>		16. FULL MAIDEN NAME <u>Sarah Marinda Jensen</u>	
11. Color <u>white</u>		17. Color <u>white</u>	
12. Age at time of THIS birth <u>42</u> yrs.		18. Age at time of THIS birth <u>36</u> yrs.	
13. Birthplace <u>N. Ogden, Utah</u>		19. Birthplace <u>Brigham City, Utah</u>	
(City or town) (State or foreign country)		(City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.	
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>8</u>	

24. I HEREBY CERTIFY That I ~~know of~~ **ATTENDANT'S CERTIFICATE** the birth of this child, who was born alive at 2 a M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Virginia Andrus, who is related to this child as sister (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of <u>Idaho</u>	} ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of <u>Jerome</u>		

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 44 years, and that neighbor lady who attended this birth. can not be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Virginia Andrus Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL) Notary Public Notary Public, residing at Jerome, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

AUG 5 1942

JUN 28 1948

FEB 21 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Independence</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Independence</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Stephan Mainer France</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Feb. 13, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Joseph Kuddus France</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nora Minerva Bybee</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Mountain View Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Bonneville

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 44 years, and that the midwife (name not known), who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

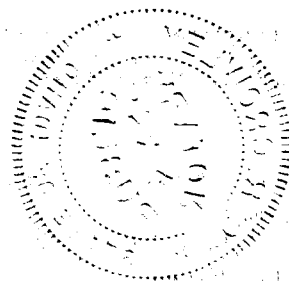
Mary Ellen France Signature
457 Broadway - Idaho Falls, Idaho P. O. Address
Subscribed and sworn to before me this 29 day of July, 1942
(SEAL) E. R. Ramsey Notary Public, residing at Idaho Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

696-128040-395

United States (Be sure the information is as of date of birth of THIS child) State File No. 353147
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Sisters Catholic Hospital
(e) Mother's stay **BEFORE** delivery: _____
IN THIS county _____ years 6 months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 6 months

3. **RESIDENCE OF FATHER** (city, state) Wallace Ida

4. **FULL NAME OF CHILD** Charlie Perkins Frost 5. Date of Birth of Child _____
(Month, day, year) 10/28/1898

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD 10. **FULL NAME** Edward Smith Frost 16. **FULL MAIDEN NAME** Helma Louise Lindell
11. Color or Race white 12. Age at time of THIS birth 28 yrs. 17. Color or Race white 18. Age at time of THIS birth 22 yrs.
13. Birthplace Austin Nevada (City or town) (State or foreign country) 19. Birthplace Sedalia Mo. (City or town) (State or foreign country)
14. Exact Occupation Logging Contractor 20. Exact Occupation House Wife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 a M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Date _____
Midwife Address _____

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above that I am now 66 years of age, that I have known this person for 43 years, and that Dr Perkins (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helma L Frost Signature
31 1901 - Constitution Lane Long Beach, Cal. Address
Subscribed and sworn to before me this 31 day of July 1942
(SEAL) Harry J Keeley Notary Public, residing at Long Beach, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code, annotated)

Received for filing on AUG 3 1942 by Mary E. Leflore Registrar.

AUG 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 229 029 445

353190

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Cornwall</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years <u>7</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Cornwall</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Blanche Hill</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd <u></u>		3. RESIDENCE OF FATHER (city, state) <u>Cornwall, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>May 29, 1898.</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George Washington Price Hill</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Nevada City, California</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Adellah Dunham</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Peeksville, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date
 State of.....Idaho County of.....Payette } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....65.....years of age, that I have known this person for.....43.....years, and that.....Sarah Lockard....., who attended this birth.....is now deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Adellah Hill Signature
Midvale, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of February, 1942.
 (SEAL) John J. Newland Notary Public, residing at Payette, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 4 1942 by Martha Adellah Hill Registrar.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-128-020-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

353223

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Elmore (b) City Mountainhome
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Elmore
(c) City Mountainhome
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD

Eugene Prescott Keefer

5. Date of Birth of Child

(Month, day, year) March 28, 1942

6. Sex

Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Henry Keefer
11. Color or Race White **12. Age at time of THIS birth** 35 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation grocery
15. Industry or Business grocery store

MOTHER OF CHILD

16. FULL MAIDEN NAME Arvilla Prescott
17. Color or Race White **18. Age at time of THIS birth** 28 yrs.
19. Birthplace Providence, Rhode Island
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7:30 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sadie Roush who is related to this child as Sister (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Calif.
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for 44 years, and that William F. Smith M.D. (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Roush Signature

3319 Octavia St Oakland Address

Subscribed and sworn to before me this 4th day of Aug. 1942

(SEAL)

Evelyn Fontaine

Notary Public, residing at 4177 Redding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) Calland Calif

Received for filing on AUG 5 1942 by Mari H. Peterson Registrar.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796-115022331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353250**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Parker, Idaho

4. FULL NAME

OF CHILD Otis Jay Grover

5. Date of Birth of Child

(Month, day, year) June 15, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Edward P. Grover
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Farmington, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Belle Clawson
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Draper, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that Dr. Wm. Middleton who attended this birth Now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie B. Grover

Signature

St. Anthony, Fremont, Idaho. P. O. Address

Subscribed and sworn to before me this 5 day of August, 19 42.

(SEAL)

E. J. [Signature] Clerk of District Court, residing at ST. ANTHONY, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by [Signature] Registrar.

AUG 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-230-028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

353297

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Medamont
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Iowa (b) County Des Moines
(c) City Meadow Mount
(d) Street Address or R.F.D. No. No
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD May Buleah EVANS

5. Date of Birth of Child
(Month, day, year) May 30-1898

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clyde Major Evans
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace State of Penna.
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business mercantile Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alda Lorena Smith
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace State of Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Idaho County of Boise ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Mrs. M. Evans, who attended this birth Dead, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alda L. Evans Signature
Asbury, Wash. P. O. Address

Subscribed and sworn to before me this 30 day of July, 1942
(SEAL) John H. Phillips Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

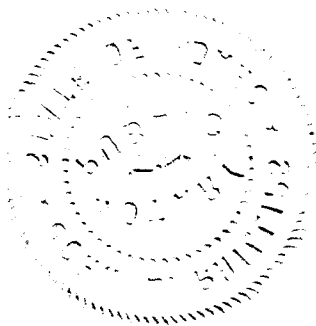
Received for filing on AUG 7 1942 by Mabel Hester Registrar.

105638
AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

485-203003-751

353388

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>758 N. Harrison</u> (d) Name of Hospital or Maternity <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>758 N. Harrison</u> (e) How long has MOTHER lived in Idaho? <u>54</u> yrs.	
4. FULL NAME OF CHILD <u>Nelilah Myers</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER <u>Pocatello Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Jan 3rd 1917</u> 8. No. months of Pregnancy 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>James Robert Myers</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Ogden Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>engineer</u> 15. Industry or Business <u>Rail road</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Ellen Peake</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Birkenhead England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Jan 3 / 1898 M. on the date born alive, stillborn and at the place stated above, and that personal particulars were furnished by Margaret E. Myers who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
OWN signature Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 26 years, and that Dr. H. A. Castle who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Ellen Myers Signature

345 North 8th, Pocatello, Ida P. O. Address

Subscribed and sworn to before me this 3rd day of August, 19 42

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 Clerk, Auditor & Recorder, Bannock Co. Registrar.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-106-207-366

353530

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Soldier</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Farm Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Soldier</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>35</u> yrs.	
4. FULL NAME OF CHILD <u>Gaylord Alonso Peck</u>		3. RESIDENCE OF FATHER (city, state) 5. Date of Birth of Child (Month, day, year) <u>1-6-98</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Single</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>			
FATHER OF CHILD 10. FULL NAME <u>George Washington Peck</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>Beaumont, W. Va.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Francis Cowser</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>Path, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Farm wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D. Midwife**.....**Address**.....**Date**.....

State of Idaho, Camas, ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 44 years, and that George Washington Peck, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. A. Peck Signature
Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of August, 19 42.
(SEAL) Charles E. Suggs Notary Public, residing at Fairfield, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

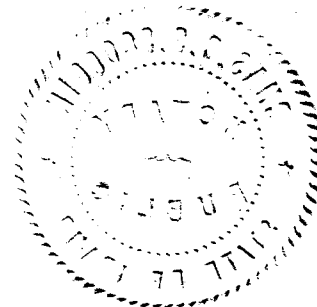
Received for filing on AUG 13 1942 by Marj H. Hefner Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>45</u> yrs.	
4. FULL NAME OF CHILD <u>Vern Archibald</u>		5. Date of Birth of Child (Month, day, year) <u>aug 13 1928</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>One</u> If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Willard Archibald</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Wellsville, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Laura E. Byler</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Warrenton, Wash</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Mary Stuart M.D. _____ Midwife _____ Address Malad, Idaho Date _____

State of Idaho County of Oneida } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Mary Stuart who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Archibald Signature
Malad, Idaho P. O. Address
Subscribed and sworn to before me this 10th day of August, 1928
(SEAL) Proctor Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

AUG 21 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Nampa</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>22</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Nampa</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>22</u> yrs.	
4. FULL NAME OF CHILD <u>Harry Gilbert Lake</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Nampa, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 30, 1898</u> 8. No. months of Pregnancy 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Harry Thomas Lake</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Julia Howard</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 44 years, and that Sarah Howard, Midwife, who attended this birth. Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

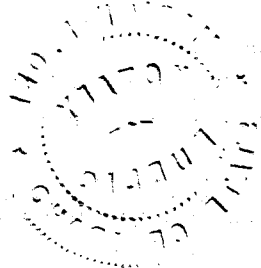
Wora E. Jensen Signature
Payette, Idaho Route #2 P. O. Address
Subscribed and sworn to before me this 27th day of August, 1942
(SEAL) Harmon E. Orr Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4118-107-029-434

353714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah (Ida)</u> (b) City <u>Farmington, Wash.</u> (c) Street Address or R.F.D. No. <u>RFD</u> (d) Name of Hospital or Maternity Home: <u>Farm Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>16</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Farmington, Wash.</u> <u>RFD</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho?yrs.
3. RESIDENCE OF FATHER (city, state)	

4. FULL NAME OF CHILD <u>Arthur Pleasant May</u>	5. Date of Birth of Child (Month, day, year) <u>Feb. 7, 1898</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u>
8. No. months of Pregnancy	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Jordan May</u>	16. FULL MAIDEN NAME <u>Mary Jane McMurtry</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birthyrs.
11. Birthplace <u>Memphis, Tenn.</u> (City or town) (State or foreign country)	19. Birthplace <u>near Conway, Alabama</u> (City or town) (State or foreign country)	20. Exact Occupation <u>farmer</u>	21. Exact Occupation <u>housewife</u>
12. Age at time of THIS birth <u>41</u> yrs.		22. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 44 years, and that Elizabeth Trumble, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Elizabeth Trumble P. O. Address

Subscribed and sworn to before me this 10th day of August 1942

(SEAL) Notary Public Notary Public, residing at Postlatch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Dec. 3, 1944

Received for filing on AUG 18 1942 by Mabel E. Blum Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-2021003-559

353723

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 400 20 2 nd
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: 9 months
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 400 20 2 nd
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello

4. FULL NAME OF CHILD

Elvie Wilhelmina Larsen

5. Date of Birth of Child

(Month, day, year) Feb. 2, 1898

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Larsen
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Oslo Norway
(City or town) (State or foreign country)
14. Exact Occupation Stone Mason
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Marianne Nielser
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
20. Exact Occupation Dressmaker
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date Feb. 2, 1898 and at the place stated above, and that personal particulars were furnished by Mother who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Idaho County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25

I, the undersigned, being first duly sworn, say that I am the midwife of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 24 years, and that Elvie W. Larsen who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Fraser
Pocatello

Signature

P. O. Address

Subscribed and sworn to before me this 17 day of August

(SEAL)

Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated)

Received for filing on AUG 18 1942

by Mary E. Lister Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

353742

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At parents home
(e) Mother's stay BEFORE delivery:
IN THIS county yes years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Julia Irene Youngs

5. Date of Birth of Child
(Month, day, year) 3/23/98

6. Sex Female 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Wells Youngs
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Wilket New York
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie E. Tanner
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Freetown New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of New York
County of Cortland } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that Midwife who attended this birth deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6 day of August, 19 42.

(SEAL) James C. Brown Notary Public, residing at McGraw, N.Y.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

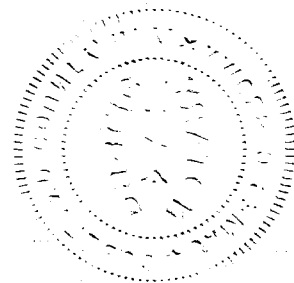
Received for filing on AUG 15 1942 by Minna E. Fisher Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



353768

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADAMS (b) City COUNCIL
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADAMS
(c) City COUNCIL
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 20 yrs.
3. RESIDENCE OF FATHER (city, state) COUNCIL, IDAHO

4. FULL NAME OF CHILD WILLIAM DEWEY HARRINGTON

5. Date of Birth of Child
(Month, day, year) APRIL 22, 1998

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 Mo 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME WALTER CLARK HARRINGTON
11. Color WHITE 12. Age at time of THIS birth 36 1/2 yrs.
13. Birthplace LEAVILLE, COLORADO
(City or town) (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business SAME

MOTHER OF CHILD
16. FULL MAIDEN NAME COAA BLANCHE KELLEY
17. Color WHITE 18. Age at time of THIS birth 34 yrs.
19. Birthplace ATCHISON, MISSOURI
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 7 A. M. on the date APRIL 22, 1998
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lillie Harrington, who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Lillie Harrington Midwife Address Council, Idaho Date 4-15-42
State of Idaho ss. Adams

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL).....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel E. [Signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-205014-219

353794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>on ranch</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>2</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>on ranch</u> (d) Street Address or R.F.D. No. <u>Star</u> (e) How long has MOTHER lived in Idaho? <u>37</u> yrs.	
4. FULL NAME OF CHILD <u>MARGARET WALKER</u>		5. Date of Birth of Child (Month, day, year) <u>May 5-1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u></u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Joseph Andrew Walker</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Irony, Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Postman</u> 15. Industry or Business <u>delivered mail for U.S.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Barker</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Boise, Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u></u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife.....

State of Idaho County of Canyon ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ELDER Brother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 44 years, and that Mr. Kaler, who attended this birth DECEASED, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of August, 1942.
(SEAL) W. H. Galt Notary Public, residing at Nampa, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

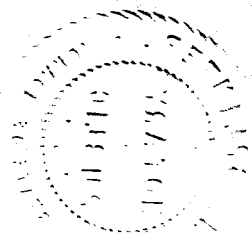
Received for filing on AUG 17 1942 by Mary Thelen, Registrar.

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-131-040-269

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

354954

State File No. _____
Local Reg. No. _____
Reg. Distr. No. _____

1. PLACE OF BIRTH

(a) County Shoshone (b) City WARDNER
(c) Street Address or R.F.D.No. MAIN STREET
(d) Name of Hospital or Maternity Home:
PRIVATE HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 19 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County SHOSHONE
(c) City WARDNER
(d) Street Address or R.F.D.No. MAIN STREET
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address WARDNER IDAHO

3. RESIDENCE of FATHER (city, state) WARDNER IDA

4. FULL NAME OF CHILD

LAWRENCE ALBERT THOMPSON

5. Date of Birth

(Month, day year) 12/31/98

6. Sex MALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Joseph FRANCIS THOMPSON

11. Color WHITE 12. Age at time
or Race of THIS birth 22 yrs.

13. Birthplace HELENA MONTANA
(City or town) (State or foreign country)

14. Exact Occupation MACHINIST

15. Industry or Business MASTER MECHANIC

MOTHER OF CHILD

16. FULL MAIDEN NAME AGNES PARKER SWINERTON

17. Color WHITE 18. Age at time
or Race of THIS birth 19 yrs

19. Birthplace EAGLE GROVE IOWA
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at 10:47 P.M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Agnes T. Gilbert, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

26. (a) AUG 22 1942 M. T. Swinerton
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's
OWN signature _____ M.D.

and address _____ Date _____
(D.O., Midwife, etc.)

State of Idaho } ss.
County of Shoshone

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Stella Brown, being first duly sworn, say that I am related to
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Swinerton, who attended

said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11th day of August, 1942

(SEAL)

Stella Brown

Signature _____
P. O. Address _____
Notary Public, residing at Kellogg, Idaho

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

435 210 022-345

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

355084

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Tremont (b) City Woodville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Tremont
(c) City Woodville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Woodville Idaho

4. FULL NAME OF CHILD Pearl Lillian McNair

6. Sex female 7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd

5. Date of Birth _____
(Month, day, year) January 10, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Stewart McNair

11. Color or Race White 12. Age at time of THIS birth 36 yrs.
(City or town) (State or foreign country)

13. Birthplace Milwaukee, Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Cunningham

17. Color or Race White 18. Age at time of THIS birth 22 yrs.

19. Birthplace Salt Creek, Utah
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____ who is related to this child as _____ (First name) (Last name)

26. (a) AUG 28 1942 (Date received) (Mother, etc.)
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Sarah Lukehart, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Pearl Lillian McNair as mother whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Charles Mayevra (Name of attendant at birth) who attended

said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 24th day of August 1942

(SEAL)

Maud Henry Notary Public, residing at Hamper Idaho

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



532-105022-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355163**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... <u>Fremont</u> (b) City..... <u>Chapin</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Chapin</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>James Willard Elliott</u>		5. Date of Birth of Child (Month, day, year) <u>4/5.1899</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>Yes.</u>	

FATHER OF CHILD 10. FULL NAME <u>James Elliott</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Stamborough England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Littlewood</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>Silkstone England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
 County of Fremont } in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 44 years, and that Mrs. G. Murphy is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Elliott Signature

Ashton, Idaho. P. O. Address

Subscribed and sworn to before me this 24 day of Aug., 1942

(SEAL) Thomas Hargis Notary Public, residing at Ashton, Ida.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUG 25 1942 by Marjorie, Registrar.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

22 11 42

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-109-044-863

355212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At Lindell Home Cambridge Idaho.
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 27 yrs.
3. RESIDENCE OF FATHER (city, state) Cambridge Idaho

4. FULL NAME OF CHILD George Gordon Lindell

5. Date of Birth of Child
(Month, day, year) May 9 1998

6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James William Lindell
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Paris Texas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mrs Halbrook
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Sheridan Iowa
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver 1%

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sista of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 44 years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of August, 1998

(SEAL) James Van Dyke Notary Public, residing at Eden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code annotated)

Received for filing on AUG 27 1942 by Marjorie L. Lister Registrar.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-216. 036-695

355315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 19 years 3 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 27 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin, Idaho

4. FULL NAME OF CHILD Leitha Gladys Auburn

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) May-16-1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Auburn
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Weston, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Beatrice Fred
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Franklin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 12 M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Myrtle B. Auburn who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Myrtle B. Auburn ☒ Midwife Address deceased Date 8/29/42

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 24 years, and that Ellen Morgan who attended this birth deceased (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle B. Auburn Signature
116 - W - 902 Seattle - con P. O. Address

Subscribed and sworn to before me this 27 day of August, 1942

(SEAL) Wm. J. Paynter Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Marj T. Fisher, Registrar.

SEP 2 1942

MAR 8

1944

FEB 14 1961

FEB 21 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

355374

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City McCammon, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. Ranch
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Dewey Dwayne Raymond

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Alonzo Raymond
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Lehi, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Carpenter
15. Industry or Business

3. RESIDENCE OF FATHER (city, state) Utah and Ida.

5. Date of Birth of Child Aug. 7/1898
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Luella Ione Jackson
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 45 years, and that Mrs. Stoddard, who attended this birth. Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of August 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91a, Idaho Code, Annotated.)

Received for filing on SEP 1 1942

by Mary E. Lester, Registrar.

P. O. Address Portello, Idaho

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-211-014-993

355411

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Nampa</u> (c) Street Address or R.F.D. No. <u>Wilterding Bldg.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county = <u>11</u> years <u>11</u> months = days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Nampa</u> (d) Street Address or R.F.D. No. <u>Wilterding Bldg.</u> (e) How long has MOTHER lived in Idaho? <u>11</u> Mo. yrs.	
4. FULL NAME OF CHILD <u>Margaret Lucille Stiles</u>		3. RESIDENCE OF FATHER (city, state) <u>Nampa, Ida</u> 5. Date of Birth of Child <u>May 11, 1898</u> (Month, day, year)	
6. Sex <u>Female</u> 7. Twin or Triplet <u>=====</u> If so—born <u>=====</u> 8. No. months of Pregnancy <u>Nine</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Leonard Brackett Stiles</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>South Windham, Maine</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Superintendent</u> 15. Industry or Business <u>Boise, Nampa & Owyhee R.R.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Stacy Riley</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Omaha, Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nutrate Sikver Solution
23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature California M.D. Address Date
Los Angeles Midwife
State of.....ss. **AFFIDAVIT** to be completed when the attendant does not sign
Country of..... in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that
Dr. Kohler, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Leonard B. Stiles Signature
2127 Parkside Ave. Los Angeles, Calif. O. Address
Subscribed and sworn to before me this 31st day of August, 19 42
(SEAL) Ellen H. Denny Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Maud E. Lerner Registrar.

114008

SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-129-035-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

355437

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Nez Perce</u> (b) City <u>Wells P.O.</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City _____ (d) Street Address or R.F.D. No. <u>Lapwai</u> (e) How long has MOTHER lived in Idaho? <u>47</u> yrs. (f) Mother's mailing address <u>Lapwai</u>	
4. FULL NAME OF CHILD <u>Walter Earl Carpenter</u>		5. Date of Birth <u>Sep 29-1898</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Mrs Ben Carpenter</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>LaCrosse Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Beatrice Galbreath</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> years 19. Birthplace <u>Tualatin Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>7</u> (c) Born alive and now dead <u>1</u> (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at <u>4</u> P. M. on the date <u>AUG 10 1942</u> and at the place stated above, and that personal particulars were furnished by <u>Bertha Carpenter</u> related to this child as <u>mother</u> (First name) (Last name) (Mother, etc.)			
26. (a) _____ (Date received) (b) _____ (Date filed)		25. Attendant's OWN signature _____ M.D. or _____ (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of IDAHO } ss.
County of NEZ PERCE

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

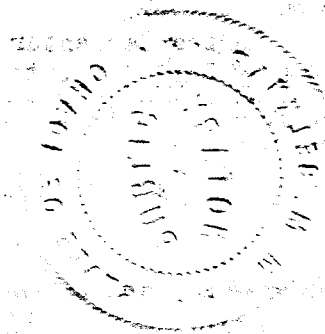
I, Bertha Carpenter, being first duly sworn, say that I am related (Related to (or) acquainted with) Walter Earl Carpenter as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Frances Edwards (Name of attendant at birth) said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.
Bertha Carpenter Name
Lapwai, Idaho, P. O. Address
Subscribed and sworn to before me on this 29th day of August, 1942.
(SEAL) _____ Notary Public, residing at Lewiston, Idaho.

104-0311
SEP 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-221-003-381

355462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 3 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Oregon (b) County Multnomah
(c) City Portland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alys May Brown

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Dec. 21, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Smith Brown
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Salem, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Railroad yard master
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Anna Thayer
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Springfield, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Houswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rose Brown Ruppell who is related to this child as sister (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Wash. }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now fifty-five years of age, that I have known this person for 43 years, and that Dr. Pease (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Brown Ruppell Signature

805 Warren Ave., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 30 day of August, 1942

(SEAL)

Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mary E. Pease Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

673-230-029-692
United States (Be sure the information is as of date of birth of THIS child) State File No. 355464
Department of Commerce
Bureau of the Census SEP 3 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>16</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
4. FULL NAME OF CHILD <u>Bessie Bell Oglesby</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd 6. Sex <u>Female</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>August 30, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George H. Oglesby</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Henderson County Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Barbara Luck</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Moscow</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Barbara Luck (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Barbara Oglesby Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of August, 1942
(SEAL) B. J. Lawrence Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Marj H. Eber, Registrar.

MAY 27 1977

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-129,018-336

355489

United States (Be sure the information is as of date of birth of THIS child) State File No.....
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.....
Bureau of the Census STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Clearwater</u> (b) City <u>Orofino</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Clearwater</u> (c) City <u>Orofino</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>one</u> yrs.	
4. FULL NAME OF CHILD <u>Norton Benjamin Pittwood</u>		3. RESIDENCE OF FATHER (city, state) <u>Orofino, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>July 29, 1898</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>Nine</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Chester Andrew Pittwood</u>		16. FULL MAIDEN NAME <u>Fannie Elizabeth Cloud</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>St. Charles, Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Aurora, Indiana</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10: P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Fannie E. Pittwood, who is related to this child as mother (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Clearwater } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 44 years, and that Mrs. Margaret Cloud (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chester A. Pittwood Signature
Orofino P. O. Address

Subscribed and sworn to before me this 2 day of September, 1942
(SEAL) Frank B. Smith Notary Public, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Marj E. Fisher Registrar.

440008
SEP 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 4 1942

355511

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County CANYON (b) City PAYETTE
 - (c) Street Address or R.F.D. No. _____
 - (d) Name of Hospital or Maternity Home: _____
 - (e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State IDAHO (b) County CANYON
 - (c) City PAYETTE
 - (d) Street Address or R.F.D. No. _____
 - (e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** RUDOLPH WACKERHAGEN
5. Date of Birth of Child
(Month, day, year) JAN 12, 1898

6. Sex MALE
7. Twin or Triplet —
8. No. months of Pregnancy —
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** RUDOLPH WACKERHAGEN
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace
(City or town) _____ (State or foreign country) _____
14. Exact Occupation SALOON KEEPER
15. Industry or Business SALOON

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RELLAH COOK
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace
(City or town) NEWARK, NEW JERSEY (State or foreign country) _____
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of OREGON
County of MULTNOMAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 44 years, and that _____, who attended this birth IS NOW DECEASED. I further state that _____ (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

Gladys Wackerhagen Tucker Signature
4/19/46 336 S. W. Woods Street P. O. Address

Subscribed and sworn to before me this 24 day of August 19 42

(SEAL)

M.T. Cherry

Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel J. Tucker, Registrar.

SEP 4 1942

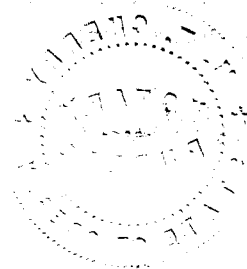
SEP 9

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399-116-031-238

355513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Seneca (b) City Neg. Berg
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Seneca
(c) City Neg. Berg
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Neg. Berg, Ida.

4. FULL NAME OF CHILD Lawrence - Henry - Triesch

5. Date of Birth of Child
(Month, day, year) Aug. 16, 1898

6. Sex Male 7. Twin or Triplet none If so—born 1st, 2nd, 3rd none

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas Triesch
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Mathilda Schlader
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Millstead Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Dr. Powell 618 S. Sherman St. Spokane, Wn.

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 44 years, and that Dr. Powell, who attended this birth, cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Mathilda Triesch Signature
618 S. Sherman St. Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 18th day of August, 1942

(SEAL)

Norman DeBender Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

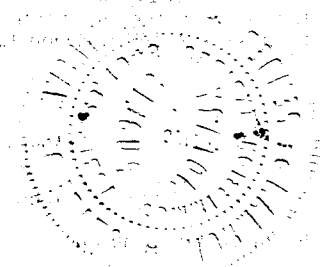
Received for filing on SEP 5 1942 by Marjorie E. ... Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437-101-007-14 1942
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

355553
State File No. 355553
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hensy S. McShlocklin
7. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child 3-1-1898
(Month, day, year)
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Walter B. McShlocklin
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Springfield, Ill
(City & town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie May Smith
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Picabo
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Walter B. McShlocklin who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature non M.D. Midwife Address Date
State of Idaho } ss. County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 44 years, and that I attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

W B McShlocklin Signature
R-1 Boise Ida P. O. Address
Subscribed and sworn to before me this 11 day of September, 1942
(SEAL) Notary Public Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-91, Idaho Code Annotated.)

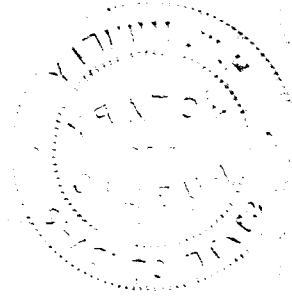
Received for filing on SEP 14 1942 by Mary Elder, Registrar.

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-215-010-219-355561

United States (Be sure the information is as of date of birth of THIS child) State File No. 355561
Department of Commerce SEP 11 1942 CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? Eight yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Elizabeth Prudence Jones
5. Date of Birth of Child (Month, day, year) March 15, 1898
6. Sex _____ 8. No. months of Pregnancy _____ 9. Legitimate? yes
10. FULL NAME George Crump Jones
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Worcester, Herefordshire England
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

16. FULL MAIDEN NAME Eliza Ann Barnes
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Weymouth Devonshire England
(City or town) (State or foreign country)
20. Exact Occupation Waitress
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
State of Idaho County of Idaho Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 38 years, and that _____, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter-139, 1937 Session Laws.

Mrs Janet J. Hazen Signature
971 W 3rd St, Salt Lake City Utah P. O. Address
Subscribed and sworn to before me this 11th day of September, 1942
(SEAL) Thomas J. Platon Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary E. Eder Registrar.

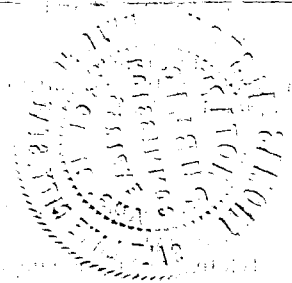
SEP 11 1942

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-109-04-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355568
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BEAR LAKE</u> (b) City <u>ST. CHARLES</u> (c) Street Address or R.F.D. No. <u>NO STREET NAMES</u> (d) Name of Hospital or Maternity Home: <u>NONE</u> <u>BORN AT HOME</u> (e) Mother's stay <u>BEFORE</u> delivery: IN THIS county <u>20</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BEAR LAKE</u> (c) City <u>ST. CHARLES</u> (d) Street Address or R.F.D. No. <u>WILCOX GEN. STORE</u> (e) How long has MOTHER lived in Idaho? <u>35</u> yrs.	
4. FULL NAME OF CHILD <u>MILTON LEGRANDE WILCOX</u>		5. Date of Birth of Child (Month, day, year) <u>JAN. 9th 1898</u>	
6. Sex <u>MALE</u> 7. Twin or Triplet <u>—</u> 8. If so—born 1st, 2nd, 3rd <u>—</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>ADAM WILCOX</u> 11. Color or Race <u>AMERICAN</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Black Hills, S.D. DAKOTA</u> (City or town) (State or foreign country) 14. Exact Occupation <u>MERCHANT</u> 15. Industry or Business <u>GENERAL MERCHANDISE</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>EUNICE JANE DAHRMPLE</u> 17. Color or Race <u>AMERICAN</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>BAUNTIETON, UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business <u>HOUSEKEEPING</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>NO INFORMATION</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive at 10 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Edna Powell, who is related to this child as Sister (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** **M.D.** **Address** **Date**
Edna Powell Midwife 409 S. Commonwealth Ave., Los Angeles September 14, 1942

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Dr. Alquire, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Powell Signature
409 S. Commonwealth Ave., Los Angeles P. O. Address

Subscribed and sworn to before me this 14 day of September, 1942

(SEAL)

My Commission Expires April 12, 1945
Leo F. Krueger Registrar
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Mary E. Elder, Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-111006-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 8 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 3 yrs

4. **FULL NAME OF CHILD** Samuel Walter Dennis

5. Date of Birth of Child Mar. 11, 1898
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Samuel Walter Dennis
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Plainfield, Indiana
(City or town) (State or foreign country)
14. Exact Occupation farmer - general printer
15. Industry or Business Farming - Printing

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Florence Smith
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Macedon, New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Dr. Grant W. Pendleton who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Sarah S. Dennis Signature
434 So. Capital Ave, Idaho Falls, Idaho P. O. Address
3rd September, 1942

Subscribed and sworn to before me this _____ day of _____, 1942.
(SEAL) S. E. Dennis Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mary T. Telfer, Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-106-044-354

355700

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 15 yrs.
3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Elijah Ross

5. Date of Birth of Child
(Month, day, year) Sept. 6, 1898

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John A. Ross
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Tenneys Grove, Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Luella Ledington
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Onaga, Kansas (Pottawattami Co.)
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Klamath } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 43 years, and that no attendant who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Luella Ross Signature
5072 Harlan Drive, Klamath Falls, Ore. P.O. Address

Subscribed and sworn to before me this 30th day of April, 1942

(SEAL) Amy Ross Notary Public, residing at Klamath Falls, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. exp. 7/10/42.

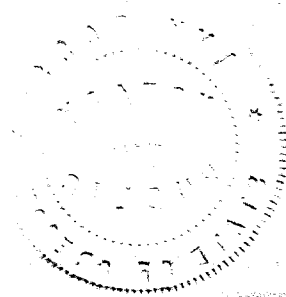
Received for filing on SEP 8 1942 by Mary E. Fisher Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

816-128-022-278

355754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Howe</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>9</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Howe</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>WILLIAM HAWLEY</u> 7. Twin or Triplet <u>5th Born</u> If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Howe, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 28, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Merton Hawley</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace (City or town) (State or foreign country) <u>U.S.</u> 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jane Kay</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature..... M.D. Address Date
State of Washington Idaho
County of Pierce Benhi ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother..... of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 44 years, and that the mid wife....., who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dave Hawley Signature
Leadon P. O. Address

Subscribed and sworn to before me this 5 day of Sept, 19 42

(SEAL) May 7 Notary Public, residing at Leadon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

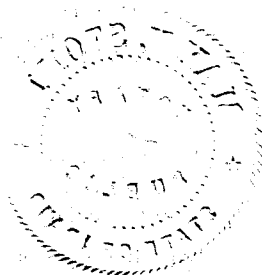
Received for filing on SEP 9 1942 by Mabel E. Fisher, Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253 109 025 497

355818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangerville
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 1 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Garnes Prairie
(c) City near Grangerville, Idaho
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Elbert Le Roy Bellows

5. Date of Birth of Child (Month, day, year) Jan 9 - 1898

6. Sex Male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months ? **of Pregnancy** ? **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Theodore Columbus Bellows

11. Color or Race White **12. Age at time of THIS birth** 35 yrs.

13. Birthplace ? Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Frances Eva Dixon

17. Color or Race White **18. Age at time of THIS birth** 30 yrs.

19. Birthplace Roseburg, Oregon
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Washington }
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that

Dr. Shawley-Deceased, who attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Eva Bellows Signature

P. O. Address

Subscribed and sworn to before me this _____ day of Sept

(SEAL)

Notary Public, residing at Clarkston, Wn

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Marj E. Ebers, Registrar.

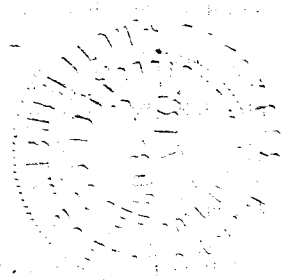
SEP 14 1942

MAK 6 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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815 118 028 - 212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

355866

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenay (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenay
(c) City Hope
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

Hope, Idaho

4. FULL NAME
OF CHILD

Leonard Marvin Hanson

5. Date of Birth of Child
(Month, day, year) 18th Jan. 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Christian Hanson
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace New York, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Fireman
15. Industry or Business Northern Pacific Railway

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Lynn ^{Barck} Hanson
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace St. Paul, Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
OWN signature Midwife Address Date

State of British Columbia ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Dr Leech who attended this birth is dead I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before this 27th day of August, 1942, Vancouver, B.C.

(SEAL)

Alfred E. Thompson Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

B.C.

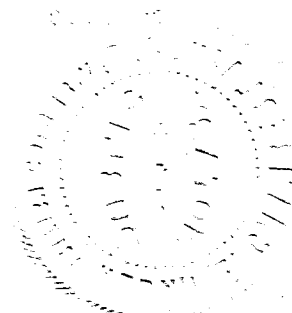
Received for filing on SEP 11 1942 by Mary E. Leech Registrar.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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396-224-036-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

355942

SEP 11 1942
STATE OF IDAHO
CERTIFICATE OF BIRTH

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County Idaho (b) City Salmon City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD Ruth Esther Crowther 5. Date of Birth (Month, day, year) Sept 24 - 1898
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Walter M. Crowther 16. FULL MAIDEN NAME Belle Peterson
11. Color white 12. Age at time of THIS birth 42 yrs. 17. Color or Race white 18. Age at time of THIS birth 26 years
13. Birthplace Rock County Wisconsin 19. Birthplace Odemark Denmark
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Minister 20. Exact Occupation.....
15. Industry or Business Methodist Church 21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) SEP 11 1942 Mary C. Spence
(Date received) (Registrar's signature)
27. Given name added on.....by.....
(Registrar's signature)
25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
and address.....Date.....

State of Iowa } ss.
County of Linn

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary C. Spence, being first duly sworn, say that I am Related To
Ruth Esther Crowther sister
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that not known, who attended
said birth.....and that this birth has not been previously recorded
(Is now deceased, (or) cannot be located)

Subscribed and sworn to before me on this 9 day of September
(SEAL) W. Bornemann Notary Public, residing at Cedar Rapids Iowa

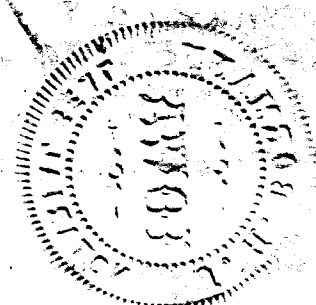
540000

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

412-110001 613

355974

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 711 No. 9th St.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Thomas Edward Maberly
6. Sex Male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) May 10, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Edward Hugh Maberly
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Lambourn, Berks, England
(City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice May Walker
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Indianola, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
State of Idaho } ss. _____
County of Ada } _____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Dr. C. A. S. Prosser, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice May Maberly Signature
905 N. 18th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942.
(SEAL) _____ Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code.)

Received for filing on SEP 15 1942 by Mabel J. [Signature], Registrar.

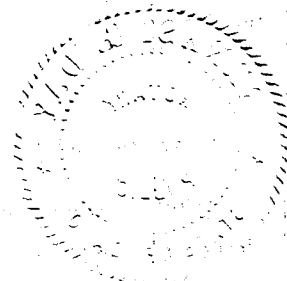
AUG 30 1965

MAY 12 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

844 206 022 813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **356027**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Premont</u> (b) City <u>Chester</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Premont</u> (c) City <u>Chester</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Addie Humphreys</u>		3. RESIDENCE OF FATHER (city, state) <u>Same</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>June 6 - 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Richard Humphreys</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Council Bluffs Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rose</u> 17. Color or Race <u>white am</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Lexington Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>12</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6: A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Addie Hathaway, who is related to this child as Grandmother Witnesses to mark: (First name) (Last name)
Mark (Mother, etc.) H. O. Skelton, E. Humphrey

25. Attendant's OWN signature X Addie Hathaway Midwife Address St. Anthony, Idaho Date 9/11/42

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on SEP 17 1942 by Mary Skelton, Registrar.

SEP 18 1942

JUL 28 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 108001-619

356034

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Rampa
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Rampa
(d) Street Address or R.F.D. No. 5
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

4. **FULL NAME OF CHILD** normal Ambrose white
6. Sex boy 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child, (Month, day, year) sep. 8. 1898
8. No. months of Pregnancy 12 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Franklin Ambrose white
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Dayton Ohio (City or town) (State or foreign country)
14. Exact Occupation Garner
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Luella Warner
17. Color or Race white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Joplin Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Washington
County of King ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that Dr. Kohler who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frankie Morgan Signature

Subscribed and sworn to before me this 31st day of August, 1942

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary Beaton, Registrar.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813 122036 389

United States
Department of Commerce
Bureau of the Census

SEP 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

357153

1. PLACE OF BIRTH. (All items at time of this birth) (a) County <u>ONIDA</u> (b) City <u>MINCK CREEK</u> (c) Street Address or R.F.D. No. <u>MINCK CREEK Post Office</u> (d) Name of Hospital or Maternity Home: <u>STAYED HOME</u> (e) Mother's stay BEFORE delivery: <u>19</u> years <u>0</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDaho</u> (b) County <u>ONIDA</u> (c) City <u>MINCK CREEK</u> (d) Street Address or R.F.D. No. <u>NONE</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>WALLACE WALTER MER HALLIDAY</u>		5. Date of Birth of Child (Month, day, year) <u>SEPT. 22, 1928</u>	
6. Sex <u>MALE</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>0</u>		9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>CHRISTEN WALTER MAR HALLIDAY</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>13</u> yrs. 13. Birthplace <u>DENMARK</u> (City or town) (State or foreign country) 14. Exact Occupation <u>LABORER</u> 15. Industry or Business <u>—</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MATILDA MARIE CHRISTENSEN</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>DENMARK</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business <u>—</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Utah }
 County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 43 years, and that Martha Olsen who attended this birth is Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Marie Woodland Signature
272 North 2nd East Preston Idaho Address

Subscribed and sworn to before me this 14 day of Sept. 1942
Horace S. Blumenthal Notary Public, residing at Salt Lake City, Utah
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 21 1942 by Martha Olsen Registrar.

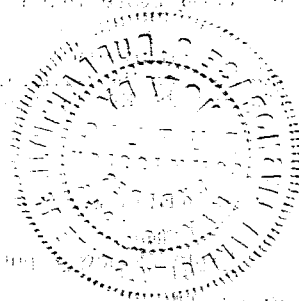
SEP 23 1942

MAR 17 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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692-112 004-585

357162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Harold Dewey Wissler

5. Date of Birth of Child (Month, day, year) Aug. 12, 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Reuben Peter Wissler

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace (City or town) (State or foreign country) Ohio

14. Exact Occupation Railroad conductor

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva M. Eyerly

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace (City or town) (State or foreign country) Madison, La. Iowa

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 44 years, and that don't know who attended this birth can not be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Lois Stadfeld Signature
1810 Cedar St., La Grande, Oregon P. O. Address

Subscribed and sworn to before me this 12 day of September, 1943
(SEAL) Irma Denison Notary Public, residing at Penetration Ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Mabel E. Keeler, Registrar.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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294-128006966

357175

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 19 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Oasis
(c) Street Address or R.F.D. No. Post Office
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 26 years 3 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Oasis
(d) Street Address or R.F.D. No. Post Office
(e) How long has MOTHER lived in Idaho? 21 yrs.
3. RESIDENCE OF FATHER (city, state) Oasis, Ida.

4. FULL NAME OF CHILD

Thomas Rowberry Sim

5. Date of Birth of Child

(Month, day, year) Feb. 28, 1898

6. Sex Male

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd -----

8. No. months

of Pregnancy 9 mo. **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Michael Henry Sim

- 11. Color** White **12. Age at time**
or Race of THIS birth 32 yrs.
13. Birthplace Wellsville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Common laborer
15. Industry or Business None

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** Mary Hannah Rowberry
17. Color White **18. Age at time**
or Race of THIS birth 26 yrs.
19. Birthplace Wellsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at P.M. on the date Feb. 28, 1898 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Sim, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Helen Rowberry Latham, who attended this birth Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

My commission expires SEPT. 24, 1944

Subscribed and sworn to before me this 15 day of September, 1942.

(SEAL)

B. A. Benham Notary Public, residing at La Grande, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

SEP 19 1942

by

Mary E. Epler

Registrar.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719 214 004 136

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357201
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD La Rue Marie Gardner
5. Date of Birth of Child (Month, day, year) Nov-14-1898
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME George Edwin Gardner
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace London England
(City or town) (State or foreign country)
14. Exact Occupation Book Keeper & Accountant
15. Industry or Business Hardware Store
- MOTHER OF CHILD
16. FULL MAIDEN NAME Caroline Affleck
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho }
County of Caribou } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 44 years, and that the doctor _____, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Mrs Myrtle G. Gorton Signature

Soda Springs, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of September, 1942

(SEAL) L. S. Chandler Notary Public, residing at Soda Springs, Idaho.

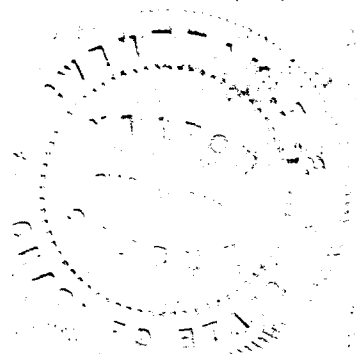
Received for filing on SEP 22 1942 by Mary E. Lister Registrar.

108786
SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use the only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955-222-029 763

357203

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP-22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 9 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD

Ellen Iverson

5. Date of Birth of Child
(Month, day, year) Aug. 22 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hans Iverson
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Nes, Adeler Norway
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Inger Marie Gilbertson
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Nes, Adeler Norway
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Ragnell Foss who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inger Marie Iverson Signature

Moscow Idaho P. O. Address

Subscribed and sworn to before me this 18 day of September, 1942

(SEAL)

W. H. Schaefer

Notary Public, residing at Moscow, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Marj E. Fisher, Registrar.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

357233

SEP 22 1942

1. **BIRTH**
County of Bear Lake
City of Wardboro
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD DONALD ALMA DIMICK

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Legitimate? yes 8. Date of birth April 17, 1898 (Month, Day, Year)

9. Full name FATHER Francis Alma Dimick

18. Full maiden name MOTHER Celia Alice Evans

10. Residence (usual place of abode) (If non-resident, give place and State) Montpelier, Ida.

19. Residence (usual place of abode) (If non-resident, give place and State) Montpelier, Ida.

11. Color or race white 12. Age at last birthday 27 (years)

20. Color or race white 21. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Bloomington Bear Lake

22. Birthplace (city or place) (State or Country) Kaysville Utah

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent _____, 19____ in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent _____, 19____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or _____, Midwife

Address _____

Filed SEP 22 1942 193 _____

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

SEP 22 1942

State of Idaho

County of Bear Lake

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Alice Dimick

being first duly sworn says that

she is the mother of Donald Alma Dimick
(Relationship of child)*born April 17, 1898 at Wardboro, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Donald Alma Dimick

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Jane Sparks, M. D., was the Midwife

medical attendant at the birth of said Donald Alma Dimick and that the said medical attendant is Now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Alice E. Dimick

P. O. Address

Montpelier, Idaho

Subscribed and sworn to before me this

13

day of

August

19

42

Albert E. Jensen
Notary Public.

Residing at

Montpelier

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

1948
JUL 8

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

562-222044-259

United States
Department of Commerce
Bureau of the Census

SEP 24 1942

(Be sure this information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357335**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 years yrs.

3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Cecile Nellie Noble
5. Date of Birth of Child (Month, day, year) Sept. 22, 1898
6. Sex female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Frank Eugene Noble</u>	16. FULL MAIDEN NAME <u>Nellie Olive Barry</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>21</u> yrs.
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>33</u> yrs.	19. Birthplace <u>Linn Co., Iowa</u>	20. Exact Occupation <u>Housewife</u>
13. Birthplace <u>Yamhill Co., Oregon</u>	14. Exact Occupation <u>Sheep man</u>	21. Industry or Business <u>home</u>	
15. Industry or Business <u>self</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum: -
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Nellie Olive Noble, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of IDAHO }
County of CLEARWATER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Clarissa Ann Barry, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie O. Noble Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of September, 19 42.

(SEAL)

Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Marj E. E. E., Registrar.

88877

FEB 10 1965

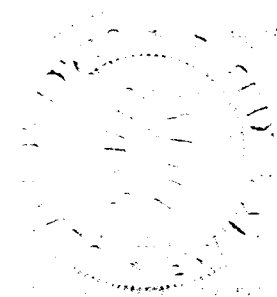
SEP 29 1942

MAR 26 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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214 207029-254

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)
SEP 25 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **857355**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
(e) Mother's stay BEFORE delivery: IN THIS county <u>12</u> years months days		3. RESIDENCE OF FATHER (city, state) <u>Genesee, Ida</u>	
4. FULL NAME OF CHILD <u>Ann Mary Kambitch</u>		5. Date of Birth of Child (Month, day, year) <u>June-7-1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> 8. If so—born 1st, 2nd, 3rd <u>1st</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Mathias Kambitch</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Senick Austria</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Kempf</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Seneca Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 40 years, and that Dr. Conant is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Kambitch Signature
Genesee, Idaho

Subscribed and sworn to before me this 22nd day of September 1942
(SEAL) [Signature] Notary Public, residing at Genesee, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Maud [Signature], Registrar.

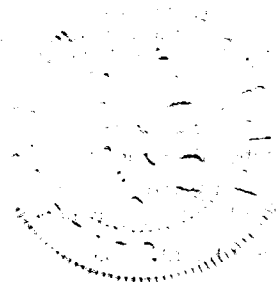
SEP 29 1942

AUG 22 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399 107035-236
SEP 26 1942
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

357358
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Lewiston
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —

(e) Mother's stay **BEFORE** delivery:
IN THIS county Idaho years 9 months days

4. FULL NAME OF CHILD

TRIMMER Clyde FREDRICK

6. Sex male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 1st

FATHER OF CHILD

10. FULL NAME Holly FRED TRIMMER
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business contracting

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nezperce
(c) City Lewiston
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child (Month, day, year) Oct 7-1898

8. No. months of Pregnancy 9 mo 9. Legitimate? —

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Scott
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Burnwood Texas (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by — (First name) (Last name) who is related to this child as — (Mother, etc.)

25. Attendant's OWN signature — M.D. — Address — Date —

State of Calif. County of Sacramento ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 43 years, and that — (First name) — (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3 day of September, 1942

(SEAL) Charlotte Cadu Notary Public, residing at Sacramento, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1942 by Mary E. E. E. Registrar.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-1224044 391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357434
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD

Merle George Wilburn

5. Date of Birth of Child

(Month, day, year) MAY 24 1898

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Edward Harold Wilburn
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Red Bluff CALIFORNIA
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Jane Tracy
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace SALT LAKE UTAH
(City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Mrs. Capland Haven, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise J Wilburn Signature
1336 S W Yamhill, Portland, Or. P. O. Address

Subscribed and sworn to before me this 22nd day of June, 19 32

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

OCT 2 - 1942

by

Mary J. Sanger

Registrar.

RECEIVED
HOURS TO BE RETURNED
CERTIFICATE OF BIRTH
CHARGE TO STATE

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-112007-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **357542**
Local Reg. No.
Reg. Dist. No.

SEP 30 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **BLAINE** (b) City **BELLEVUE**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: **more**
IN **THIS** county **10** years **0** months **0** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **BLAINE**
(c) City **BELLEVUE**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **20** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD **Edwin Leon Scott**

5. Date of Birth of Child **Oct, 12th 1918**
(Month, day, year)

6. Sex **male** **7. Twin or Triplet** **8. No. months of Pregnancy** **9. Legitimate?** **yes**

FATHER OF CHILD

10. FULL NAME **James Henry Scott**
11. Color or Race **white** **12. Age at time of THIS birth** **44** yrs.
13. Birthplace **Litch Field Conn.**
(City or town) (State or foreign country)
14. Exact Occupation **FARMER and miner**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **EFFIE M DAYTON**
17. Color or Race **white** **18. Age at time of THIS birth** **28** yrs.
19. Birthplace **Cedar Fort Utah**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of **Calif.** County of **Los Angeles** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **BROTHER** of the person whose name appears in Item 4, above, that I am now **49** years of age, that I have known this person for **44** years, and that **Robert Brown** who attended this birth. **cannot be located** I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James B. Scott Signature
822 W 108 St Los Angeles P. O. Address

Subscribed and sworn to before me this **28th** day of **September** 19 **42**

(SEAL) **Luia Hughes** Notary Public, residing at **3912 Filson St Los Angeles**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 30 1942** by **Maude E. G. G. G.** Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331-206029 296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

357622
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City near Henry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City near Henry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD

Agnes Luella (blank)

5. Date of Birth of Child
(Month, day, year) Feb 6, 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Clark
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Geneva, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Isabel Brooks
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Savannah, Tenn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Latah } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that Mrs. Patchiff who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Isabel Clark Signature
Avon, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of Sept, 1941
(SEAL) F. Brooks Notary Public, residing at Troy Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mabel E. E. E. Registrar.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-216 029 713
AMENDED - NOVEMBER 14, 1949

United States Department of Commerce Bureau of the Census		(Be sure the information is as of date of birth of THIS child.) CERTIFICATE OF BIRTH STATE OF IDAHO		State File No. <u>357625</u> Local Reg. No. _____ Reg. Dist. No. _____	
Rec. Oct. 2, 1942					
1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.		3. RESIDENCE OF FATHER (city, state) <u>Genesee, Ida.</u>	
4. FULL NAME OF CHILD <u>Madeline Pickering Power</u>		5. Date of Birth of Child (Month, day, year) <u>April 16, 1898</u>		6. No. months of Pregnancy <u>9</u> 7. Legitimate? _____	
6 Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____					
FATHER OF CHILD		MOTHER OF CHILD			
10. FULL NAME <u>Charles Power</u>		16. FULL MAIDEN NAME <u>Anna Mead Pickering</u>			
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs.			
13. Birthplace <u>Kasson, Minnesota</u> (City or town) (State or foreign country)		19. Birthplace <u>West Liberty, Iowa</u> (City or town) (State or foreign country)			
14. Exact Occupation <u>Printer</u>		20. Exact Occupation <u>School Teacher</u>			
15. Industry or Business <u>Newspaper</u>		21. Industry or Business _____			
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____					
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>					
ATTENDANT'S CERTIFICATE					
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Charles Power</u> _____ (First name) (Last name) who is related as _____ (Mother, etc.)					
25. Attendant's OWN signature _____		M.D. Address _____ Midwife _____		Date _____	
State of <u>Washington</u> } County of <u>Spokane</u> } ss.		AFFIDAVIT (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the <u>Father</u> _____ of the person whose name appears in Item 4, above, that I am now <u>71</u> years of age, that I have known this person for <u>life</u> years, and that _____, who attended this birth _____ I further (First name) (Last name) (Is now deceased) or (Cannot be located)			
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.					
Subscribed and sworn to before me this <u>29th</u> day of <u>September</u> , 19 <u>42</u>		Signature <u>Charles Power</u> <u>529 First Ave. Spokane, Wn.</u> P. O. Address			
(SEAL) <u>Paul F. Schiffner</u>		Notary Public, residing at <u>Spokane, Wn.</u>			
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)					
Received for filing on <u>October 2, 1942</u> by <u>Mabel F. Elder</u> , Registrar					

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357625
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

4. FULL NAME OF CHILD Madeleine Pickering Power
5. Date of Birth of Child (Month, day, year) April 16-1897

6. Sex Female **7. Twin or Triplet** so—born 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** ☒

FATHER OF CHILD
10. FULL NAME Charles Power
11. Color or Race White **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Wasson, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business newspaper

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Mead Pickering
17. Color or Race White **18. Age at time of THIS birth** 23 yrs.
19. Birthplace West Liberty, Iowa
(City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living ☒

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Genesee M. on the date April 16-1897 and at the place stated above, and that personal particulars were furnished by Charles Power, who is related to this child as father (Mother, etc.)

25. Attendant's OWN signature Charles Power **M.D.** Charles Power **Address** Genesee, Idaho **Date** April 16-1897

State of Washington } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Spoкан } ss.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for life years, and that Charles Power, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Power Signature
529 First Ave, Spokane, Wash. P. O. Address
Subscribed and sworn to before me this 29th day of September 1942
(SEAL) Paul Z. Schiffer Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 2 1942 by Mabel E. Epler, Registrar.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

THE LEWIS AND CLARK HIGH SCHOOL

SPOKANE 9, WASHINGTON

A. L. PARKER, PRINCIPAL
WM. W. TAYLOR, VICE PRINCIPAL

November 10, 1949

The records of The Lewis and Clark High School disclose that Madeline Power entered this school September 5, 1912. At the time of entering she gave as the date of her birth: April 16, 1898, which is the date shown on the school record.

She was graduated June 9, 1916.

Wm. W. Taylor
Vice Principal

000 15 148

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

264-225004 259

357677

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>24</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>34</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>same</u>	

4. FULL NAME OF CHILD <u>RETA B. BOURNE</u>	5. Date of Birth of Child (Month, day, year) <u>7-25-1898</u>
6. Sex <u>Female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet	9. Legitimate? <u>Yes</u>
FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME <u>GEORGE EVANS BOURNE</u>	16. FULL MAIDEN NAME <u>Hanna (Bergren) Bourne</u>
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>26</u> yrs.	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Farmington Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>St. Charles Idaho</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Railroad</u>	20. Exact Occupation <u>Housewife</u>
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of California)
County of Los Angeles) ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that DR. HOOVER, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Onash (my daughter) Signature

Subscribed and sworn to before me this 2nd day of October 1942
(SEAL) Hans J. Lodge Notary Public, residing at Boyle Hill, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Expires May 28, 1944)

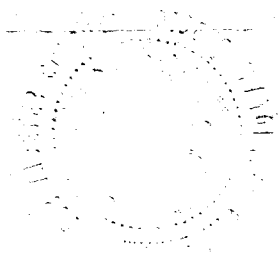
Received for filing on OCT 5 1942 by Marj T. Phelps, Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

791-130028-262

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357709
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City Village of Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days
IN THIS county 4 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Village of Lane
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Lane, Idaho

3. RESIDENCE of FATHER (city, state) Lane, Idaho

4. FULL NAME OF CHILD

Albert John Graf

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth

(Month, day year) April 30, 1898

FATHER OF CHILD

10. FULL NAME

John Graf

11. Color or Race White 12. Age at time of THIS birth 47 yrs.

13. Birthplace Klein Rogahn Germany
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sophie Marie Bosecke

17. Color or Race White 18. Age at time of THIS birth 43 yrs.

19. Birthplace Mecklenburg Schwerin Germany
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 8
(c) Born alive and now dead 6 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) OCT 5 1942 (Date received) (b) M. H. Dierks (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature

_____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Freida Lockman, being first duly sworn, say that I am related to Albert John Graf as sister (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sophie Dierks (Name of attendant at birth) who attended said birth is deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30th day of September 1942
(SEAL) Notary Public

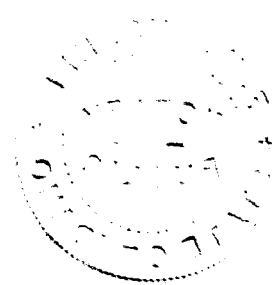
Freida Lockman Signature
Nampa, Idaho P. O. Address
Notary Public, residing at Nampa, Ida

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use black ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

OCT 5 - 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357734**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Latah</u> (b) City <u>Viola</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Ida</u> (b) County <u>Latah</u> (c) City <u>Viola</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Jim Harrison</u> i. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>7-10-1898</u>	
6. Sex		8. No. months of Pregnancy	
7. FATHER OF CHILD		9. Legitimate?	
10. FULL NAME <u>Walter Scott Harrison</u>		16. FULL NAME <u>Agnes Ellen Thomas</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>25</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Sacramento, California</u> (City or town) (State or foreign country)		19. Birthplace <u>Madison, Kas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Viola M. on the date 7-10-1898 and at the place stated above, and that personal particulars were furnished by Hattie Selvey, who is related to this child as Aunt (Mother, etc.)

25. Attendant's OWN signature Hattie Selvey M.D. Address Moscow, Idaho Date 9/27-1942
State of Idaho County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that I attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Hattie Selvey Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of September, 1942
(SEAL) AM Morgan Notary Public, residing at Moscow, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 5 - 1942 by Mabel J. E. E. E. Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

664-1071014-759

358105

358105

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358105
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Gen. del.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:
IN THIS county 23 years 4 months - days

4. FULL NAME OF CHILD

Jasper Cecil Womack

6. Sex male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

FATHER OF CHILD

10. FULL NAME George Washington Womack

11. Color or Race white 12. Age at time of THIS birth 26 yrs.

13. Birthplace Emmett Idaho
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Gen. del.

(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

5. Date of Birth of Child

(Month, day, year) July 7-1918

8. No. months of Pregnancy 9 9. Legitimate? -

MOTHER OF CHILD

16. FULL NAME Sam Ella Perkins

17. Color or Race white 18. Age at time of THIS birth 23 yrs.

19. Birthplace Union Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 26 years, and that

Dr. E. L. Limer (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. W. Womack Signature

P. O. Address

Subscribed and sworn to before me this 17 day of Oct 19 42

(SEAL)

Notary Public, residing at Bellevue

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-974, Idaho Code Annotated.)

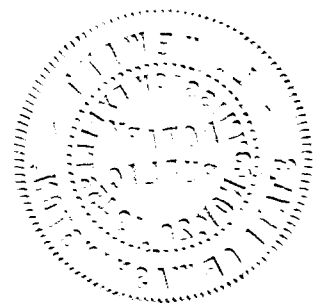
Received for filing on OCT 19 1942 by May E. Elden, Registrar.

OCT 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-228,014-295

358125

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **358125**
Local Reg. No. **358125**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Middleton</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>26</u> years <u>7</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Middleton</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Ruby Ogle Newman</u>		5. Date of Birth of Child (Month, day, year) <u>March 28 1918</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Samuel W. Newman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Fayetteville Arkansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Naomi Ann Brinkens</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Polk County Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that Edward Theray, who attended this birth, deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel W. Newman Signature

Star Idaho P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL)

Notary Public, residing at Star Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

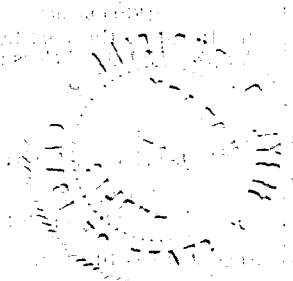
Received for filing on OCT 24 1942 by Mary E. Eder Registrar.

APR 4 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

358173
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Idaho

4. **FULL NAME OF CHILD** Eugene Wesley Thatcher
5. Date of Birth of Child
(Month, day, year) Dec. 16, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Harry Albert Thatcher
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Lapwai, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Grain dealer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hattie Baughman
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Oregon City, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 43 years, and that Dr. Phillips, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Baughman Thatcher Signature
P. O. Address _____

Subscribed and sworn to before me this 13th day of October, 1942
(SEAL) W. Peterson, Probate Judge
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel E. B. B. Registrar.

OCT 15 1942

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Gibbonsville</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: <u>4</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Gibbonsville</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Laslie Bahm</u>		3. RESIDENCE OF FATHER (city, state) <u>Gibbonsville Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 2. 1898</u>	
7. Twin or Triplet <u>Triplet</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Bahm</u>		16. FULL MAIDEN NAME <u>Mattie Jane Thomas</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>31</u> yrs.		18. Age at time of THIS birth <u>18</u> yrs.	
13. Birthplace <u>Steineberg Austra.</u> (City or town) (State or foreign country)		19. Birthplace <u>Rawlins Wyo.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Saloon keeper Keeper</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Same. Owner.</u>		21. Industry or Business <u>Own home.</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Carbolic acid.</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>Yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by Mattie Jane Bahm, who is related to this child as The Mother. (Dr. Donovan whereabouts unknown.)
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Washington }
County of Stevens } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Dr. "Unknown" Donovan, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie Jane Bahm Signature
Loon Lake, Wash. P. O. Address

Subscribed and sworn to before me this 16th day of October, 1942.

(SEAL) _____ Notary Public, residing at Springdale, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-9, Idaho Code Annotated.)

Received for filing on _____ by Mary E. Fisher, Registrar.

101-78
OCT 27 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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235-203-006-343

359260

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
OCT 19 1942
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
in Hosp. or Mat. Home _____ days
IN THIS county 1 years 3 month _____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address: _____
3. **RESIDENCE of FATHER** (city, state) Dead

4. **FULL NAME OF CHILD** BEULAH MAY STEVEN
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth 3rd May 1898
(Month, day, year)
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James Steven
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Letham Scotland
(City or town) (State or foreign country)
14. Exact Occupation Stock Buyer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Culloten
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Kilkenny, Ireland
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) _____ (Registrar's signature) _____
27. Given name added on _____ by _____ (Registrar's signature) _____

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) _____ and address _____ Date _____

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Tom A. Stearn, being first duly sworn, say that I am related to Beulah May Stearn (Related to (or) acquainted with) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Cook (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature W. A. Stearn
Address 2246-Stevens ave, Tohman Calif

Subscribed and sworn to before me on this 27th day of January, 1942
(SEAL) OCT 19 1942 My Comm Expires Jan 12th 1946 Notary Public, residing at 332 E. Harvey Calif

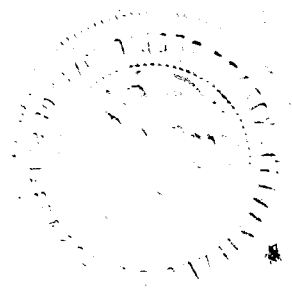
00807

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-131216-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359313**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** Charley Orton Schmidt
7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Oct. 31, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Matthew Schmidt
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Franklin County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Harrison
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Jackson County, West Va.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Dr. Story, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of October, 1942.
(SEAL) Mark W. Branch Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

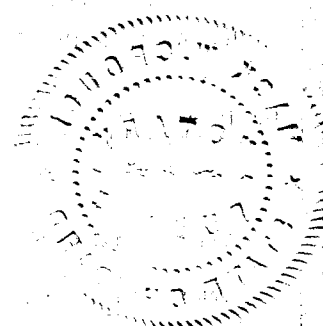
Received for filing on OCT 20 1942 by Marj E. Egan, Registrar.

OCT 23 1942

DELAYED REGISTRATION LAW.

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

359348

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: was at home near born, Idaho
(e) Mother's stay BEFORE delivery: _____
IN THIS county 10 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near born
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** Elsie Adeline Bingham
5. Date of Birth of Child (Month, day, year) March 14, 1898
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** James W Bingham
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Ash Grove, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Viola Mabe Breeding
17. Color or Race white 18. Age at time of THIS birth 18 1/2 yrs.
19. Birthplace Altamira, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished _____ who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Washington }
County of Whitman } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 44 years, and that D. J. N. Black, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1987 Session Laws.

James W Bingham Signature
Payfield, Wash. P. O. Address
Subscribed and sworn to before me this 20th day of October 1942
(SEAL) Anti. Johnson Notary Public, residing at Payfield, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

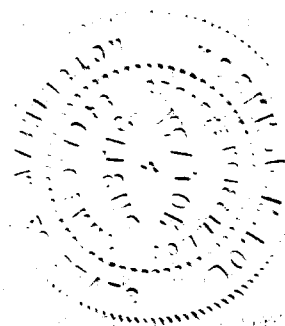
Received for filing on Oct 23 1942 by Mary E. Fisher, Registrar.

NOV 27 1942
OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



63-223-010-667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 26 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359391**
Local Reg. No. **359391**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Idaho Falls,</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county _____ years <u>six</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls,</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>four</u> yrs.	
4. FULL NAME OF CHILD <u>Ethel May Olson,</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd _____		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>5/23/1898.</u> 8. No. months of Pregnancy <u>nine</u> 9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Alma Olson,</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Round Valley,</u> <u>Utah.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amy Fox,</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Lorenzo,</u> <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife,</u> 21. Industry or Business _____	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
 23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. _____ Address _____ Date _____
 State of California, }
 County of Los Angeles, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Midwife, Mrs. Cook, who attended this birth now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[Signature] Signature
 No. Lorraine Ave., Glendora, Calif., P. O. Address

Subscribed and sworn to before me this 22nd day of October, 19 42

(SEAL) [Signature] Notary Public, residing at Glendora, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires June 15, 1946

Received for filing on OCT 26 1942 by [Signature] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-110-204-663

359494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 26 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 19 years - months - days

4. FULL NAME OF CHILD

Leland Mathias Dayton

6. Sex Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

William Freeman Dayton

11. Color or Race

White

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Cedar Fort

Utah

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Jane Follick

17. Color or Race

White

18. Age at time of THIS birth

25 yrs.

19. Birthplace

Laale

Utah

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Utah County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 44 years, and that Jane Sparks, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret D. Hughes Signature

2568 So 5th St P. O. Address

Subscribed and sworn to before me this 23rd day of October, 1942

(SEAL)

Helen H. Aldredge

Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Exp. 9/17/43

Received for filing on.....

OCT 28 1942

by.....

Maud T. Ebers

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359523
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Washington St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Washington St.
(e) How long has MOTHER lived in Idaho? 9 yrs.
3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Clyde Edgar Juvenal
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Oct. 3, 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Edgar Texas Juvenal
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Williamsport, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Stock feed store operator
15. Industry or Business Merchant

MOTHER OF CHILD
16. FULL MAIDEN NAME Lenna V. Watson
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Centerville, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 AM. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lenna Juvenal, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Washington }
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 73 years, and that Dr. Charles Gritman, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lenna V. Juvenal Signature
304 E. Sumach St., Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 15th day of October, 1942.

(SEAL) _____ Notary Public, residing at Walla Walla.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mam Zeefer, Registrar.

JUL 27 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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993-218-230-759
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

359544
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Salmon, Idaho</u>		5. Date of Birth of Child (Month, day, year) <u>April 18, 1898</u>	

4. FULL NAME OF CHILD <u>Hilda Mae Richardson</u>		8. No. months of Pregnancy <u>9</u>	
6. Sex <u>Female</u>		9. Legitimate? <u>Yes</u>	
7. Twin or Triplet <u>Triplet</u>		If so—born 1st, 2nd, 3rd	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alonzo Richardson</u>	16. FULL MAIDEN NAME <u>Bertha Selma Gericke</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>31</u> yrs.
11. Birthplace <u>Ogden Valley, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Berlin Germany</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Farmer</u>	21. Industry or Business <u>Housewife</u>
12. Exact Occupation <u>Farmer</u>	22. Industry or Business <u>None</u>	23. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Unknown</u>	24. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 4 A.M. on the date Richardson (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Bertha Selma Gericke, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
State of California } ss.
County of Ventura }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now Sixty-Six years of age, that I have known this person for 44 years, and that Alice Richardson who attended this birth Is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 199, 1937 Session Laws.

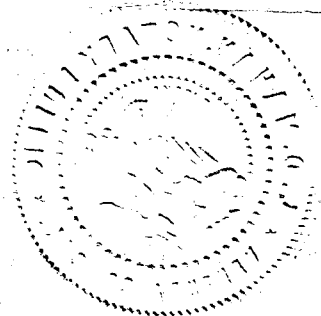
Bertha Selma Gericke Richardson Signature
R. D. Box 96, Moorpark, California P. O. Address
Subscribed and sworn to before me this 21 day of October, 1942.
(SEAL) L. D. Mahan Notary Public, residing at Oxnard, Calif.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 25 1942 by Mari E. Leifer, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **359574**
Local Reg. No.
Reg. Dist. No.

OCT 25 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. PLACE OF BIRTH

- (a) County **Bear Lake** (b) City **St. Charles**
(c) Street Address or R.F.D. No. **none**
(d) Name of Hospital or Maternity Home:
at mother's home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home **none** days
IN THIS county since years **birth** month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State **Idaho** (b) County **Bear Lake**
(c) City **St. Charles**
(d) Street Address or R.F.D. No. **none**
(e) How long has MOTHER lived in Idaho? **22** yrs.
(f) Mother's mailing address **St. Charles, Ida.**

3. RESIDENCE of FATHER (city, state) **Opal, Wyo.**

4. FULL NAME OF CHILD **Margret Oral Groo**

5. Date of Birth
(Month, day year) **Sept., 26, 1920**

6. Sex **female** **7. Twin or** **If so—born**
Triplet **1st, 2nd, 3rd**

8. No. months **9. Legitimate? yes**
of Pregnancy **9**

FATHER OF CHILD

- 10. FULL NAME** **Howard Hunter Groo**
11. Color **12. Age at time**
or Race **White** **of THIS birth** **26** yrs.
13. Birthplace **Salt Lake City, Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Blacksmith**
15. Industry or Business **Blacksmithing**

MOTHER OF CHILD

- 16. FULL MAIDEN NAME** **Martha Priscilla Clark**
17. Color **18. Age at time**
or Race **White** **of THIS birth** **22** yrs.
19. Birthplace **St. Charles, Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** **do not know**
23. Number of children of this mother: (a) At time of birth and including this child **2** **(b) Born alive and now living** **2**
(c) Born alive and now dead **none** **(d) Stillborn** **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **at** **M. on the date**
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **who is**
related to this child as
(First name) (Last name)

- 26. (a)** **OCT 20 1942** **(b)** **Marie Groo** **25** **Attendant's**
(Date received) **(Signature)** **OWN signature** **deceased** **M.D.**
27. Given name added on **by** **and address** **Date**
(Registrar's signature) (D.O., Midwife, etc.)

State of **Idaho** }
County of **Bear Lake** } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Marie Clark **being first duly sworn, say that I am** **related to**
Margret Oral Groo **as** **aunt** **whose birth certificate**
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that **Dr. Auguire** **who attended**
said birth **is now deceased** **and that this birth has not been previously recorded.**
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **21st** day of **October**, 19**42**
(SEAL) **Notary Public, residing at** **Paris, Idaho**

OCT 25 1942

OCT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

996-127-002-331

359826

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County. <u>Adams</u> (b) City. <u>Meadows</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>14</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State. <u>Idaho</u> (b) County. <u>Adams</u> (c) City. <u>9 miles north Meadows</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>30</u> yrs.	
4. FULL NAME OF CHILD <u>Oscar Dewey Irwin</u>		3. RESIDENCE OF FATHER (city, state) <u>same</u>	

6. Sex <u>Male</u>		7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
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FATHER OF CHILD 10. FULL NAME <u>William Enoch Irwin</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>Lincoln, Nebraska</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher and Contractor</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Little Florence (Clay)</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Cherryville, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date 9/27/1898 and at the place stated above, and that personal particulars were furnished by not known, who is related to this child as Brother (First name) (Last name)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of Texas } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Colorado }

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 44 years, and that not known, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. E. Irwin Signature

Columbus, Texas.

P. O. Address _____

Subscribed and sworn to before me this 23 day of Oct., 1942

(SEAL)

Allyn Buescher

Notary Public, residing at Colorado, Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) TEXAS.

Received for filing on NOV 2 1942 by Mont T. Irwin, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155-214,032-633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359835**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Creighton
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Creighton
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho, Lincoln

4. **FULL NAME OF CHILD.** Leona Laura Severe
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Apr. 14, 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME.** Lyman Dill G. Severe
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Grantsville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME.** Etta Edith Lyle Otterson
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Mountain Home, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20/o nitrate (Silver)
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
California
State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Riverside

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Malinda Severe who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Edith Lyle Otterson Severe
R 1, Box 446, Riverside, Calif. P.O. Address

Subscribed and sworn to before me this 2nd day of November 19 42
(SEAL) Ed. Severe Justice of the Peace, West
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Riverside Township

Received for filing on NOV 4 1942 by Maude T. Fisher Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359841**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Gibbonsville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Gibbonsville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) 8

4. FULL NAME OF CHILD

James Reuben Hibbs

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Reuben Hibbs
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Wagonville, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Lemhi

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for since birth years, and that Mrs. Hull (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL) Judith Hughes Notary Public, residing at Salmon, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

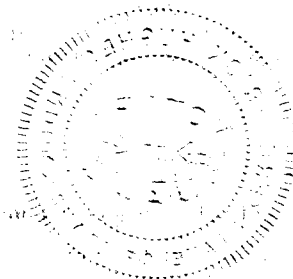
Received for filing on NOV 4 1942 by Marj E. Baker, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359844**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Soda Springs</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Soda Springs, Idaho</u> . (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
(e) Mother's stay BEFORE delivery: IN THIS county years months days		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	

4. FULL NAME OF CHILD <u>Sarah Elline Rowley</u>		5. Date of Birth of Child (Month, day, year) <u>5-6-98</u>	
6. Sex <u>F</u>	7. Twin or One <u>Triplet</u>	If so—born 1st, 2nd, 3rd <u>-</u>	8. No. months of Pregnancy <u>9</u>
		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Danuel Hall Rowley</u>	16. FULL MAIDEN NAME <u>Sarah Ann Horsley</u>		
11. Color or Race <u>W</u>	12. Age at time of THIS birth <u>33</u> yrs.	17. Color or Race <u>W</u>	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Ut.</u> (City or town) (State or foreign country)		19. Birthplace <u>Ut.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Vetenaria</u>		20. Exact Occupation <u>Wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Nitrate of Silver</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living? <u>7</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Alive</u> at <u>9 P.</u> M. on the date <u>(Born alive, stillborn)</u> and at the place stated above, and that personal particulars were furnished by <u>Sarah Ann Rowley</u> , who is related to this child as <u>Mother</u> (First name) (Last name) 25. Attendant's <u>Ellis Kackley</u> (Mother, etc.) <u>4 P.M.</u> OWN signature <u>Ellis Kackley</u> M.D. Address <u>Soda Springs, Idaho</u> Date <u>10-28-42</u>

State of..... }
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Marj E. Eber, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

452-120-240-819

359863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Emmett Messinger
5. Date of Birth of Child
(Month, day, year) Sept. 20, 1898
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|-----------------------------------|--|
| 10. FULL NAME <u>William Monroe Messinger</u> | 16. FULL MAIDEN NAME <u>Cristina Janerva Yarbrough</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>37</u> yrs. |
| 11. Birthplace <u>Indiana</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Douglas Co Oregon</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Miner</u> | 21. Exact Occupation <u>Housewife</u> |
| 22. Industry or Business <u>Lead and Silver Mine</u> | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

- State of Oregon }
County of Clackamas } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Dr. Machette who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Janerva Messinger Signature
Clackamas, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of October, 19 42.
(SEAL) Amor Boia Notary Public, residing at Clackamas, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary E. Eder, Registrar.

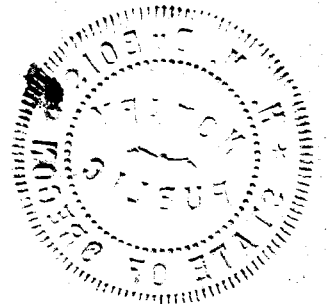
NOV 4 1942

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-227001 533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

359905

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. <u>Ranch west of Boise</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>28</u> years <u>6</u> months <u>15</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> <u>Boise</u> (d) Street Address or R.F.D. <u>Ranch west of</u> (e) How long has MOTHER lived in Idaho? <u>28</u> yrs.	
4. FULL NAME OF CHILD <u>Anna Ellis Packenham</u>		5. Date of Birth of Child (Month, day, year) <u>1/27/1898</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Chester H. Packenham</u>		16. FULL MAIDEN NAME <u>Ollie Ellis</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Clarinda, Page County, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 44 years, and that Dr. M. E. Spaulding who attended this birth is now deceased. I further state that (First name) (Last name) (is now deceased) or (cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chester H. Packenham Signature
1803 N. 24th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of October, 1942

(SEAL) James E. Seaman Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mabel H. Lefers Registrar.

APR 25 1960
MAY 9 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-102035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359915**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Forest</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months <u>8</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Forest</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Cloyd North Smith</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Aug. 2 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>William Sherman Smith</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>San Luis Obispo California</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Eliza Lucinda Wilks</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Lincoln Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as Eliza Lucinda Smith (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Wash. }
County of Clatsop } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Mrs. Baker (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Lucinda Smith Signature
Clatsop Wash. P. O. Address

Subscribed and sworn to before me this 4 day of Nov. 1942
(SEAL) A. M. Reported Notary Public, residing at Clatsop
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 7 1942 by Mrs. H. E. ... Registrar.

NOV 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



365-206 031-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359933**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **LEWIS** (b) City **Russell Ida**
(c) Street Address or R.F.D. No. **R.F.D.**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **2 or 3 yrs** . months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **LEWIS**
(c) City **Russell**
(d) Street Address or R.F.D. No. **R.F.D. ?**
(e) How long has **MOTHER** lived in Idaho? **2 or 3** yrs.

3. RESIDENCE OF FATHER (city, state) **Russell-Idaho**

4. FULL NAME OF CHILD **ELLA MAY LONGSDORF**

5. Date of Birth of Child **6-6-1898**
(Month, day, year)

6. Sex **FEMALE** 7. Twin or Triplet **TWIN** If so—born **2nd**
1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME **GEORGE W. LONGSDORF**

16. FULL MAIDEN NAME **EVA MAY GOOD**

11. Color **WHITE** 12. Age at time of THIS birth **37** yrs.

17. Color **WHITE** 18. Age at time of THIS birth **22** yrs.

13. Birthplace **MARYSVILLE, PENN.** (City or town) (State or foreign country)

19. Birthplace **ALBANY NEW YORK** (City or town) (State or foreign country)

14. Exact Occupation **BUTCHER**

20. Exact Occupation **Domestic**

15. Industry or Business **BUSINESS**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of **IDAHO**
County of **LEWIS** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Adopted Mother** of the person whose name appears in Item 4, above, that I am now **77** years of age, that I have known this person for **42** years, and that **Mrs. Fred Ball** who attended this birth **CANNOT BE LOCATED** I further state that
(First name) (Last name) (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

43

ma Fred Ball

Signature

ASHLAND, NEB

P. O. Address

Subscribed and sworn to before me this **31** day of **October**, 19 **42**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **NOV 10 1942** by **Mary J. Baker**, Registrar.

NOV 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Confined at Residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>1</u> years <u>2</u> months <u>3</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Sidney James Jackson</u>		3. RESIDENCE OF FATHER (city, state) <u>Pocatello, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 13, 1898</u>	
7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Marion Jackson</u>		16. FULL MAIDEN NAME <u>Letitia Ann Bailey</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>37</u> yrs.		18. Age at time of THIS birth <u>27</u> yrs.	
13. Birthplace (City or town) <u>Arkansas</u> (State or foreign country)		19. Birthplace (City or town) <u>Isle of Jersey, England</u> (State or foreign country)	
14. Exact Occupation <u>Brakeman -</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Railroad</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the maternal aunt of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for 44 years, and that Dr. Stealy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emily Burdick
3922nd 3923rd Walnut Ave

My Commission Expires May 6 1945

Subscribed and sworn to before me this 22nd day of October 1942

Signature

P. O. Address

(SEAL)

Notary Public, residing at Las Vegas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary Keeler Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **360032**
Local Reg. No.
Reg. Dist. No.

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Rexburg</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Rexburg</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Melvin Daniel Flamm</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd 6. Sex <u>Male</u>		3. RESIDENCE OF FATHER (city, state) <u>Rexburg</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 1 1898</u> 8. No. months of Pregnancy 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Daniel Flamm</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Logan Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Frances Rigby</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Newton Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)
25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho)
County of Madison) ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that George E. Hyde, who attended this birth deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. C. Rigby
Signature

Rexburg, Idaho
P. O. Address

Subscribed and sworn to before me this 7th day of November, 19 42

(SEAL) Otto Liljenquist Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

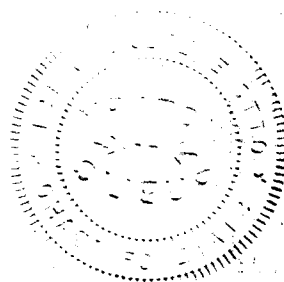
Received for filing on _____ by Mary E. Ekins, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360072**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Lona</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Lona</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>56</u> yrs.	
4. FULL NAME OF CHILD <u>Cadwallender Denning Owens</u>		3. RESIDENCE OF FATHER (city, state) <u>59</u> <u>1898</u>	

6. Sex <u>M</u>		7. Twin or Triplet <u>1st</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 11, 1898</u>		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
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FATHER OF CHILD 10. FULL NAME <u>Cadwallender S. Owens</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>21</u> yrs. 13. Birthplace <u>Hyrum, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maryx Mary Denning</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Malad City, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Rosanna W. Denning (First name) (Last name), who attended this birth. Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary D Owens Signature

Subscribed and sworn to before me this 9th day of Nov. Ida., 1942

(SEAL) [Signature] Notary Public, residing at Idaho Falls
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mary D Owens Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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360082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Middle Valley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Middle Valley</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.	
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4. FULL NAME OF CHILD <u>Julia Elizabeth Tinsley</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>April 24 1898</u> 8. No. months of Pregnancy 9. Legitimate? <u>Yes</u>	
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FATHER OF CHILD 10. FULL NAME <u>John D. Tinsley</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>✓</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ernest Mary Wegman</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>✓</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Washington

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Dr. Jeffin S. Keithley (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter H. Keithley Signature
Medwald P. O. Address

Subscribed and sworn to before me this 24th day of November, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Marj H. Fisher Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419 228 029-255

360089

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Elsie Maria Martenson

5. Date of Birth of Child
(Month, day, year) March 28, 1898

6. Sex Female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Elof Martenson
11. Color or Race White **12. Age at time of THIS birth.** 35 yrs.
13. Birthplace Halmstad, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Augusta Bengtson
17. Color or Race White **18. Age at time of THIS birth.** 35 yrs.
19. Birthplace Halmstad, Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 44 years, and that Mrs Ivar Johnson, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elof Martenson Signature
Route 2, Box 50, Troy, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of November, 1942
(SEAL) A. Brooke Notary Public, residing at Troy, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 12 1942 by Mary E. Baker, Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363715028-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **360100**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Priest City
(c) Street Address or R.F.D. No. RFD Newport
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years 5 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City betw Priest River & Newport
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** Priest River Ida

4. **FULL NAME OF CHILD** Ralph Edwin Lockhart
5. Date of Birth of Child (Month, day, year) Sept 15, 1898
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Arthur Edwin Lockhart
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Des Moines, Iowa USA
(City or town) (State or foreign country)
14. Exact Occupation blacksmith
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Grace Belle Stover
17. Color white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Buffalo, Kansas USA
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as .
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date

State of Oregon
County of COOS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 44 years, and that Mrs Kate Jackson who attended this birth as midwife is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Grace Bell Lockhart (Stover) Signature
2964 So Broadway (Bangor)
North Bend, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of November 1942

(SEAL)

Notary Public, residing at Marshfield Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 47914, Idaho Code, amended April 18, 44)

Received for filing on NOV 12 1942 by Mary E. Baker, Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-222004-355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360182**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 48 years — months — days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Edna Bowen
5. Date of Birth of Child (Month, day, year) Dec 22, 1898
6. Sex female 7. Twin or Triplet twin If so—born 1st 2nd, 3rd
8. No. months of Pregnancy — 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Brigham Harris Bowen
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Wales
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith-salesman
15. Industry or Business Grain
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emma Velates Lee
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Montpelier, Idaho, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 p.m. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma N. Holmes, who is related to this child as sister (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature (deceased) M.D. Midwife Address Montpelier Idaho Date

State of Utah
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that Elizabeth Bridges who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma N. Holmes Signature
Salt Lake City UT 863 P. O. Address

Subscribed and sworn to before me this 10th day of November 1942

(SEAL) Hazel, Clare Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by MAINT. 46 Dec 26, 1945 Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **300198**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Nezperce</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None - At country farm home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 2 years months days</u>	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperce</u> (c) City <u>Nezperce</u> , Mail address (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? yrs.
4. FULL NAME OF CHILD <u>Esper Dalton Burghardt</u>	3. RESIDENCE OF FATHER (city, state) <u>Nezperce, Idaho</u>

6. Sex <u>Male</u> 7. Twin or <u>Triplet</u> 8. No. months of Pregnancy <u>9</u>	5. Date of Birth of Child <u>Idaho</u> (Month, day, year) <u>Nov. 2, 1898</u>
9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Allen Burghardt</u>	16. FULL MAIDEN NAME <u>Inez Steele</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>32</u> yrs.	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Great Banks, Massachusetts</u> (City or town) (State or foreign country)	19. Birthplace <u>Rockville, Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Farming</u>	21. Industry or Business <u>Housekeeping</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Yakima

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Mary Hemsted, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Inez S. Burghardt Signature
312 N. 3rd St., Yakima, Washington. P. O. Address
Subscribed and sworn to before me this 9th day of November, 1942
(SEAL) P. V. Steinhilb Notary Public, residing at Yakima, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mary E. ... Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH
DELAYED

dup of 1898-DS4-7

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Postello</u> (c) Street Address or R.F.D. No. <u>No. Harrison</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Postello</u> (d) Street Address or R.F.D. No. <u>No. Harrison</u> (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Robert Wilson Bird</u>		5. Date of Birth of Child (Month, day, year) <u>June 24, 1898</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>Nine</u>	
7. Twin or Triplet If so—born 1st, 2nd, 3rd		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ephraim H. Bird</u>		16. FULL MAIDEN NAME <u>Annie Wilson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>44</u> yrs.		18. Age at time of THIS birth <u>34</u> yrs.	
13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Santa Clara, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>School Teacher</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Sacramento }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that Dr. Gastle (First name) (Last name) who attended this birth. is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna W. Bird Signature
820-15th St Sacramento, California. P. O. Address _____

Subscribed and sworn to before me this 27th day of July, 19 42.

(SEAL) Richard B. Burt Notary Public, residing at Sacramento

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary Elder, Registrar.

NOV 25 '942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **360368**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 19 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Rigby</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>14</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Market Lake, Idaho.</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>44</u> yrs.	
4. FULL NAME OF CHILD <u>Willard Adams</u>		3. RESIDENCE OF FATHER (city, state) <u>Market Lake, Id</u>	

6. Sex <u>male</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		5. Date of Birth of Child (Month, day, year) <u>12-2-1898</u>	
FATHER OF CHILD 10. FULL NAME <u>William Joseph Newton Adams</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Market Lake, Idaho.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stock man</u> 15. Industry or Business <u>Stock man</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ann Jane Gilchrist</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Lehi, Utah.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>House wife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho
 County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that Harriett DaBell, who attended this birth, deceased I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Jane B Adams Signature

MY COMMISSION EXPIRES

DECEMBER 8, 1943

Subscribed and sworn to before me this 14th day of November, 1942

(SEAL)

[Signature] Notary Public, residing at Rigby, Idaho.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by [Signature], Registrar.

NOV 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

464-219-044281

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census NOV 21 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361553**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>WAASH</u> (b) City <u>WEISER</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>WAASH</u> (c) City <u>WEISER</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>NINA MAE MOULTON</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>MAY 19, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>Pierpont MOULTON</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth. <u>22</u> yrs. 13. Birthplace <u>LACLEDE KANSAS</u> (City or town) (State or foreign country) 14. Exact Occupation. <u>FRUIT GROWER</u> 15. Industry or Business <u>Growing & Shipping Fruit</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>NANCY AMANDA SHANNON</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth. <u>22</u> yrs. 19. Birthplace <u>CARTHAGE MISSOURI</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of OREGON
County of UNION } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for _____ years, and that DE Numbers, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Amanda Moulton Signature
UNION OREGON P. O. Address

Subscribed and sworn to before me this 20 day of November, 1942
(SEAL) Jerry D. Smith My COMMISSION EXPIRES February 17, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Union Ore

Received for filing on NOV 21 1942 by Mary Elder, Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

944-102 425-962
United States (Be sure the information is as of date of birth of THIS child) State File No. **361565**
Department of Commerce NOV 23 1942 CERTIFICATE OF BIRTH Local Reg. No.....
Bureau of the Census STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>19</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>19</u> yrs.
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4. FULL NAME OF CHILD <u>George Dewey Zumwalt</u> 6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>6-2-1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>
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FATHER OF CHILD 10. FULL NAME <u>William Harrison Zumwalt</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace (City or town) <u>Missouri</u> (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming and Stockraising</u>	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Cynthia Ann Rose</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace (City or town) <u>Tauchet</u> (State or foreign country) <u>Washington</u> 20. Exact Occupation <u>(Farmer) Housewife</u> 21. Industry or Business
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. Dont know
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Idaho

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now over 64 years of age, that I have known this person for over 12 years, and that Dr. Shawley, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Parents are both deceased. Robert Oliver Zumwalt, Signature

Grangeville, Idaho P. O. Address
Subscribed and sworn to before me this 23 day of November, 1942

(SEAL) Notary Public, residing at Grangeville, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Mary E Elder, Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-208-003-43

361662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 206 So Garfield
(d) Name of Hospital or Maternity Home:
206 So Garfield
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 206 So Garfield
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Bell

5. Date of Birth of Child
(Month, day, year) Jan 2 1898

6. Sex Female 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Osa Bell
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Ohio
(City or town) (State or foreign country)
14. Exact Occupation Conductor
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ellen Watson
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 44 years, and that Dr. Hoover who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of November, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

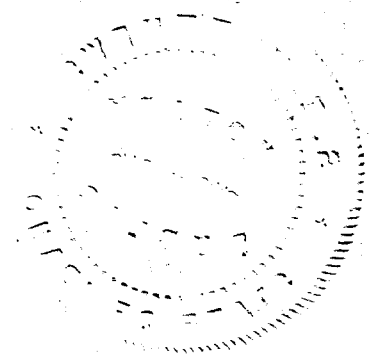
Received for filing on NOV 30 1942 by Marl E. Edwards, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-212 006-514
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361750**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs

3. RESIDENCE OF FATHER (city, state) Soda Springs

4. FULL NAME OF CHILD Winona Smith

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Charles Henry Smith
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Bureau Co. Illinois
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

5. Date of Birth of Child Feb 12, 1898
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary H. Vaughn
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Eureka Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia-Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 5 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Vaughn Smith, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Utah

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Dr. Unknown Anderson who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Vaughn Smith Signature
11790 30th. Ogden, Utah Address

Subscribed and sworn to before me this 27 day of Nov 1942
NOTARY PUBLIC in and for the County of Blaine
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) Notary Public, residing at Englewood, Cal.

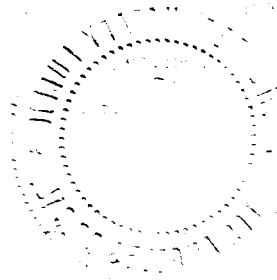
Received for filing on DEC 3 1942 by Mabel J. Decker Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-221-016-365
United States (Be sure the information is as of date of birth of THIS child) State File No. **361756**
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia.</u> (b) City <u>Malta.</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at home.</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 16 years — months — days</u>	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho,</u> (b) County <u>Cassia.</u> (c) City <u>Malta.</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>16 yrs.</u>
3. RESIDENCE OF FATHER (city, state) <u>Malta, Ida.</u>	

4. FULL NAME OF CHILD <u>Margaret Bessie Scott.</u> 6. Sex <u>Female.</u> 7. Twin or Triplet <u>No.</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes.</u>	5. Date of Birth of Child (Month, day, year) <u>July 21, 1898.</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Middleton Scott.</u>	16. FULL MAIDEN NAME <u>Maggie Estella Long.</u>		
11. Color or Race <u>White.</u> 12. Age at time of THIS birth yrs.	17. Color or Race <u>White.</u> 18. Age at time of THIS birth <u>28</u> yrs.		
13. Birthplace <u>Scotland.</u> (City or town) (State or foreign country)	19. Birthplace <u>Iowa.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer.</u>	20. Exact Occupation <u>Housewife.</u>		
15. Industry or Business <u>Farming.</u>	21. Industry or Business <u>Housewife.</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mrs. Maggie Scott, who is related to this child as mother. (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature [Signature] **Midwife Address** Malta, Idaho. **Date** October 1942.

State of Idaho, } **AFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of CASSIA } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that MARY ANN LOUNSBURY who attended this birth CAN NOT BE LOCATED (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Maggie E. Scott Signature
Malta P. O. Address

Subscribed and sworn to before me this 28 day of November, 1942.
(SEAL) [Signature] Notary Public, residing at Malta, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

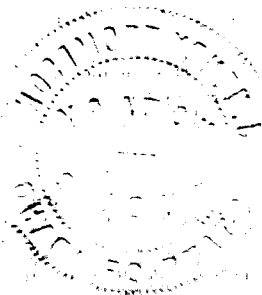
Received for filing on DEC 3 1942 by Mary E. [Signature], Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-220-026-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

361902

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Menan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 1/3 yrs.

3. RESIDENCE OF FATHER (city, state) Menan, Ida.

4. FULL NAME OF CHILD Vera Emma Baugh

5. Date of Birth of Child
(Month, day, year) 10-20-1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Craig Jackson Baugh
11. Color White 12. Age at time of THIS birth 26 7/6 yrs.
13. Birthplace Booneville, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business Drug Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emma Crandall
17. Color White 18. Age at time of THIS birth 20 1/6 yrs.
19. Birthplace Washington, D. C.
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D. Address Date
Midwife

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grandmother of the person whose name appears in Item 4, above, that I am now 90 years of age, that I have known this person for 43 1/2 years, and that Craig Jackson Baugh is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Crandall
R. F. D. #4

Murray, Utah P. O. Address

Subscribed and sworn to before me this 21 day of November, 1942

(SEAL)

Notary Public, residing at Murray, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on DEC 3 1942 by Marj Zedler, Registrar.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money, order or coin.

417-23236-623

361953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Delivered in the home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Elsie Ann Maxfield
5. Date of Birth of Child, (Month, day, year) Sept. 23, 1898
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Robert Burns Maxfield
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Cotton Wood (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cynthia Jane Wilson
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Cotton Wood (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 43 years, and that Mrs. Maughn, who attended this birth, Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cynthia J. Maxfield Signature

My Commission Expires March 8, 1946.

6219 Plaska Ave. Huntington Park P. O. Address

Subscribed and sworn to before me this 30th day of November, 1942.

(SEAL) Ever R. Sanders

Notary Public, residing at 6703 c-Miles Ave

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Huntington Park

Received for filing on DEC 7 1942 by Mary E. Fisher Registrar.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-110-025-367

301983

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Oregon (b) County Union
(c) City La Grande
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 da. 33

3. **RESIDENCE OF FATHER** (city, state) LaGrande,

4. **FULL NAME OF CHILD** Charles Clifford Adams 5. Date of Birth of Child Oregon
(Month, day, year) 10th Feb. 1898

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** Albert Warren Adams 11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Elton Iowa (City or town) (State or foreign country)
14. Exact Occupation Timberman
15. Industry or Business

16. **FULL MAIDEN NAME** Effie Leona Cox 17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Silverton Oregon (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at La Grande M. on the date 10th Feb. 1898 and at the place stated above, and that personal particulars were furnished by Effie Leona Cox Adams, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Effie Leona Cox Adams M.D. None Address La Grande, Ore. Date 10th Feb. 1898

State of Oregon County of Linn } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Nellie Thornberg who attended this birth is now unknown to me. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Leona Cox Adams Signature
597 E. Oak St. Lebanon, Ore. Address

Subscribed and sworn to before me this 7th day of December, 1942
(SEAL) Lamorne Morley MY COMMISSION EXPIRES SEPT. 9, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary Fielder Registrar.

DEC 10 1942

JUN 24 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

959-227.036-696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **362014**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Weston
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Weston
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Cora Cecilia Underwood

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) May 27 1898

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Robert Underwood
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Kaysville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lola Ann Fifield
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Weston Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle..... of the person whose name appears in Item 4, above, that I am now 64..... years of age, that I have known this person for 44..... years, and that Mrs. Ella Morgan, midwife, who attended this birth is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Albert Fifield Signature

424 6th Ave. West Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1942

(SEAL)

Edna Bailey Roberts Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary E. Elder, Registrar.

OCT 30 1973

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

997-120-001-859

United States
Department of Commerce
Bureau of the Census

DEC 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

362048
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county one years six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME
OF CHILD

Thomas Jess Rippetoe

5. Date of Birth of Child

(Month, day, year) 6-20-1898

6. Sex male

7. Twin or

Triplet no

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

John William Rippetoe

11. Color

white

12. Age at time

of THIS birth 46 yrs.

13. Birthplace

Pea Ridge

Arkansas

(City or town)

(State or foreign country)

14. Exact

Occupation

farmer

15. Industry or

Business

farmer

MOTHER OF CHILD

16. FULL MAIDEN

NAME Levena Herron

17. Color

white

18. Age at time

of THIS birth 26 yrs.

19. Birthplace

Missoula

Montana

(City or town)

(State or foreign country)

20. Exact

Occupation

housewife

21. Industry or

Business

housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of.....

Idaho

ss.

County of.....

Kootenai

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....father.....of the person whose name appears
in Item 4, above, that I am now.....86.....years of age, that I have known this person for.....44.....years, and that

Susan Moren....., who attended this birth.....now deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Gibbs

Idaho

Signature

P. O. Address

Subscribed and sworn to before me this.....8th.....day of.....December.....19.....42.

(SEAL)

Harold E. Ruff

Notary Public, residing at.....Coeur D'Alene.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by.....Marl B. Gelfin....., Registrar.

OCT 19 1960

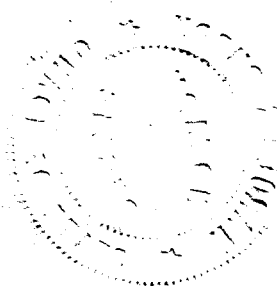
DEC 11 1942

JUN 18 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. MAIL COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-109-045-249

362124

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 865
Reg. Dist. No. 300

1. PLACE OF BIRTH

(a) County Blasch (b) City Meadows
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.

IN THIS county 10 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Blasch
(c) City Meadows
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Meadows, Idaho

3. RESIDENCE of FATHER (city, state) Meadows, Idaho

4. FULL NAME OF CHILD

Earl Roderick White

5. Date of Birth
(Month, day, year) 1918-Oct-9

6. Sex male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Walter White

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

13. Birthplace Meadows
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Helie V. Smith

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Meadows
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Helie V. White, who is related to this child as mother (Mother, etc.)
(First name) (Last name)

26. (a) 12-11-42 (b) Alvin Shultz
(Date received) (Registrar's signature)

27. Given name added on Max Keefe
(Registrar's signature)

25. Attendant's OWN signature Louisa Mitchell M.D.
and address New Meadows, Idaho (D.O., Midwife, etc.)
Date Oct 9-1918

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 3, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-205-001-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **362163**
Local Reg. No.
Reg. Dist. No.

NOV 23 1942

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Ada</u>	(b) City <u>Boise</u>	(a) State <u>Idaho</u>	(b) County <u>Ada</u>
(c) Street Address or R.F.D. No. <u>Warm Springs Ave.</u>		(c) City <u>Boise</u> <u>#744</u>	
(d) Name of Hospital or Maternity Home: <u>None - born in home</u>		(d) Street Address or R.F.D. No. <u>Warm Springs Ave</u>	
(e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	

4. FULL NAME OF CHILD <u>Rena E. McConnel</u>	5. Date of Birth of Child (Month, day, year) <u>March 5, 1898</u>
6. Sex <u>Female</u>	8. No. months of Pregnancy <u>Full</u>
7. Twin or Triplet	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Elmer A. McConnel</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Abbie F. Tolles</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>36</u> yrs.	13. Birthplace <u>Corydon, Iowa</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>44</u> yrs.	19. Birthplace <u>Lawrence, Kansas</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Salesman</u>	15. Industry or Business <u>Merchandising</u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ? at ? M. on the date ? (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Dr. Collister- now deceased, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Dr. Collister M.D. Address ? Date ?

State of Oregon County of Multnomah } ss. **AFFIDAVIT to be completed when the attendant does not sign in Item 25.**

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 44 years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Graham E. McConnel Signature
Box 6133 Linnton, Oregon. P. O. Address

Subscribed and sworn to before me this 20th day of November 1942
(SEAL) Frank S. Randall Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

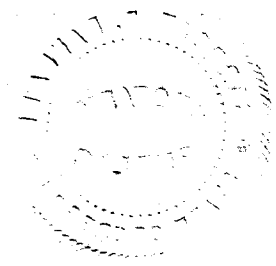
Received for filing on DEC 16 1942 by Mary E. Elder Registrar.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Sublett,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born on the farm
(e) Mother's stay **BEFORE** delivery: 14 years 14 months 14 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublett,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublett, Idaho

4. **FULL NAME OF CHILD** Evelyn Galliher
5. Date of Birth of Child (Month, day, year) Dec-13-1898

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Frank Galliher
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Isabel Hutchison
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 43 years, and that Elizabeth Caldwell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabel Galliher Signature
Malta, Idaho. P. O. Address

Subscribed and sworn to before me this 30 day of November, 19 48

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Henry Thompson Notary Public, residing at Malta, Idaho.

Received for filing on DEC 16 1942 by Mary Elder Registrar.

362172

713-213-016-843

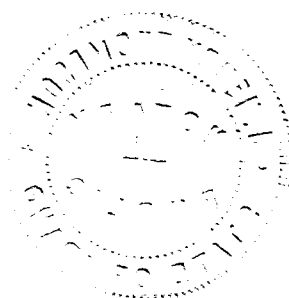
DEC 16 1942

FEB 28 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362247**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocostello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Woman's Home
(e) Mother's stay **BEFORE** delivery: 4 years 15 months 15 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Wash (b) County Walla Walla
(c) City Walla Walla
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? — yrs.

4. **FULL NAME OF CHILD** Lorraine Zulieka Gilbert
5. Date of Birth of Child (Month, day, year) Oct 7th 1898
6. Sex Female 7. Twin or Triplet D If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Clayton K. Gilbert
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace London - England
(City or town) (State or foreign country)
14. Exact Occupation Travelling Salesman
15. Industry or Business Shoes

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minnie Maie Mulicke
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Cottage Grove, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Persons who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Maie Moore Signature

1040 N. Guay An. Guay Calif. P. O. Address

Subscribed and sworn to before me this 29 day of Oct, 1942

(SEAL) Notary Public Notary Public, residing at Guay, Calif. My Commission Expires 1942

(Note: Perjury is punishable as felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Mary J. Fisher, Registrar.

DEC 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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624 129 045163

362250

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Alturas (b) City King Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State California (b) County Los Angeles
(c) City Long Beach
(d) Street Address or R.F.D. No. 1929 Cedar Av.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Emmett O'Sullivan
5. Date of Birth of Child
(Month, day, year) Oct. 29, 1898
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Patrick Michael O'Sullivan
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Steem Ireland
(City or town) (State or foreign country)
14. Exact Occupation Ballaster
15. Industry or Business Railroading

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Frances Johnston
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Mexico Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 44 years, and that Hanorah Johnston mid-wife who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Frances B. O'Sullivan Signature
1929 Cedar Ave., Long Beach Cal. P.O. Address

My Commission Expires Oct. 11, 1944
Subscribed and sworn to before me this 14 day of December, 1942.
(SEAL) Charles D. Smith Notary Public, residing at Long Beach Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1942 by Mabel Zeefer Registrar.

DEC 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-104-016-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363317**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Albion</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born in own home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>years</u> months <u>days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Albion</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>one</u> yrs.	
4. FULL NAME OF CHILD <u>Arthur Dewey Nan Winkle</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 4, 1898</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy	
7. Twin or Triplet		9. Legitimate?	

FATHER OF CHILD 10. FULL NAME <u>John Thomas Van Winkle</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Tunway, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lillian Agness Forman</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>Tunway, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
---	--	---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Teton } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 44 years, and that Dr. Sweet (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Agness Forman Winkle Signature

Subscribed and sworn to before me this 15th day of Dec, 1942

(SEAL) H. C. Hartings, County Recorder Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

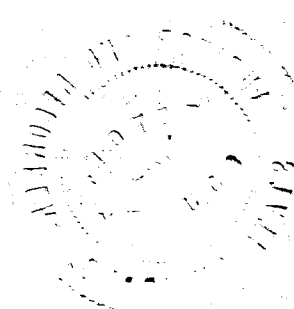
Received for filing on DEC 21 1942 by Mary E. Lerner, Registrar.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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2. NAN

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-220-229-437

United States (Be sure the information is as of date of birth of THIS child) State File No. **363482**
Department of Commerce CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Dorothea Adelaide Beames 5. Date of Birth of Child
(Month, day, year) aug 20 1898

6. Sex Female 7. Twin or Triplet If so—born 8. No. months of Pregnancy 9 mos 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Milton Beames 16. FULL MAIDEN NAME Nellie M. Haffey
11. Color White 12. Age at time of THIS birth 25 yrs. 17. Color White 18. Age at time of THIS birth 16 yrs.
13. Birthplace New London Iowa (City or town) (State or foreign country) 19. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation clerk 20. Exact Occupation Housewife
15. Industry or Business Dry Good Store 21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by John Beames, who is related to this child as father & own knowledge (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mary H. Crawford Midwife Address 506-11 No. State St. Boise 12-17-1942
State of _____ } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that _____ (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, amended.)

Received for filing on DEC 28 1942 by Mary H. Crawford Registrar.

JAN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-217-029-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363487**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>19</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>22</u> yrs.	
4. FULL NAME OF CHILD <u>Lala Josephine Olson</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	

6. Sex <u>female</u>		7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child <u>May 17 1898</u> (Month, day, year)		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
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FATHER OF CHILD					MOTHER OF CHILD				
10. FULL NAME <u>Peter Olson</u>					16. FULL MAIDEN NAME <u>Emma Josephine Peterson</u>				
11. Color or Race <u>white</u>					17. Color or Race <u>White</u>				
12. Age at time of THIS birth <u>52</u> yrs.					18. Age at time of THIS birth <u>38</u> yrs.				
13. Birthplace (City or town) <u>Sweden</u> (State or foreign country)					19. Birthplace (City or town) <u>Sweden</u> (State or foreign country)				
14. Exact Occupation <u>Farmer</u>					20. Exact Occupation <u>Housewife</u>				
15. Industry or Business					21. Industry or Business				

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of California }
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 44 years, and that Mrs. Florence Hupp who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma L. Weber Signature
Buena Park Calif P. O. Address

Subscribed and sworn to before me this 1st day of December, 1942

(SEAL) J. B. Sullivan Notary Public, residing at Buena Park, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Alma L. Weber Registrar.

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

655-201-031-43

363496

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. **FULL NAME OF CHILD** Clyta Catherine Wentz

3. **RESIDENCE OF FATHER** (city, state) Salmon City, Idaho
5. Date of Birth of Child Idaho
(Month, day, year) Aug. 1, 1898

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** George Z. Wentz
11. Color White 12. Age at time of THIS birth 28 yrs.
or Race
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Livery Stable Owner
15. Industry or Business Same

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nannie B. Watson
17. Color White 18. Age at time of THIS birth 24 yrs.
or Race
19. Birthplace Mound Valley Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

-I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Dr. Kenney who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Nannie B. Wentz Hickson Signature
728 So. Hartford, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 21st day of December, 1942
Notary Public, residing at 909-20.5th St. Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by Mary E. ... Registrar.

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419 114007 228

363547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Blaine** (b) City **Broadford**
(c) Street Address or R.F.D. No. **None**
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **30** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State, **Idaho** (b) County **Blaine**
(c) City **Broadford**
(d) Street Address or R.F.D. No. **None**
(e) How long has **MOTHER** lived in Idaho? **30** yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** **John Dewey Daily,**
7. Twin or Triplet
6. Sex **Male**

5. Date of Birth of Child
(Month, day, year) **Oct. 14, 1898**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. **FULL NAME** **Patrick Henry Daily,**
11. Color **White** 12. Age at time of THIS birth **35** yrs.
13. Birthplace **Marysville, California,**
(City or town) (State or foreign country)
14. Exact Occupation **Miner,**
15. Industry or Business **Mining.**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Ruth Cordelia Skyles,**
17. Color **White** 18. Age at time of THIS birth **30** yrs.
19. Birthplace **Missouri,**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife,**
21. Industry or Business **Housewife.**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**
23. ~~Number of children~~ of this mother: (a) At time of birth and including this child **two** (b) Born alive and now living **two**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of **California,**
County of **Los Angeles,** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Aunt** _____ of the person whose name appears in Item 4, above, that I am now **65** years of age, that I have known this person for **44** years, and that **Biva Skyles, (midwife)** _____, who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Com. expires 6/29/46 **Ethel J. Smith** Signature
1447 Porcia Street, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this **24th** day of **December,** 19 **42.**
(SEAL) **E. M. Downing** Notary Public, residing at **1729 Sunset Blvd**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 27-914, Idaho Code Annotated.) **Los Angeles,**

Received for filing on **DEC 20 1942** by **Maude E. Fisher** Registrar.

DEC 31 1942

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DEC 31

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

393 127007 962

363637

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellview
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home:
On farm near Bellview
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years -- months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellview
(d) Street Address or R.F.D. No. ----
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD RUDOLPH JULIUS LILYA

3. RESIDENCE OF FATHER (city, state) Bellview Idaho
5. Date of Birth of Child (Month, day, year) Dec. 27, 1898

6. Sex male 7. Twin or Triplet -----

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME JULIUS LILYA
11. Color white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Malma, Sweden
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business -----

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Robertson
17. Color white 18. Age at time of THIS birth 45 yrs.
19. Birthplace Glasgow Scotland
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Emily Stanfield (midwife) who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

*In the Superior Court of the State of California in and for the County of Los Angeles 16th day of December, 19 42.
Signature Roslen Gibson P. O. Address Rt. #2, Blackfoot, Idaho

Subscribed and sworn to before me this 16th day of December, 19 42.
(SEAL) John W. Jones Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-91, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mary E. Eber Registrar.

**Certified copy of Order #478-643 filed Jan 4, 1943 in Bureau of Vital Statistics, Boise, Idaho

JAN 20 1943

See locked file, Gibson, Jack R.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

-----Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 109 003 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363821**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Cove</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: - (e) Mother's stay BEFORE delivery: IN THIS county years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Cove</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.
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4. FULL NAME OF CHILD <u>William Royal Larkin</u>	5. Date of Birth of Child <u>1934</u> (Month, day, year) <u>10-9-38</u>
6. Sex <u>M</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>One</u>	9. Legitimate? <u>Yes</u>
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD 10. FULL NAME <u>William H. Larkin</u> 11. Color or Race <u>W</u> 12. Age at time of THIS birth <u>38M 45</u> 13. Birthplace <u>Salt Lake City, Ut.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Dora Woodhead</u> 17. Color or Race <u>W</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Paradise, Ut.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Wife</u> 21. Industry or Business
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4 A M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dora Larkin, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Ellis Kackley M.D. 4 P.M.
Midwife Address Soda Springs, Ida. Date 1-7-43,

State of..... }
County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this..... day of....., 19.....

(SEAL) Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Ellis Kackley, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-214 003-266

363824

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Swan Lake</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home in Swan Lake, Idaho</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Swan Lake</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>19</u> yrs.	
4. FULL NAME OF CHILD <u>Alta Whitt</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 14, 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Floyd F. Whitt</u>		16. FULL MAIDEN NAME <u>Susan Bowles</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>44</u> yrs.		18. Age at time of THIS birth <u>44</u> yrs.	
13. Birthplace <u>Burgesgarden, Virginia</u> (City or town) (State or foreign country)		19. Birthplace <u>Burgesgarden, Virginia</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Rancher</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) <u>14</u> At time of birth and including this child (b) <u>13</u> Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the daughter sister of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for all her life years, and that deceased (Last name), who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan W. Thomas Signature
McCammon, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 19 43.

(SEAL) Henry Nelson Notary Public, residing at Arimo, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Mar. T. Edlin Registrar.

JAN 13 1943

JUL 6 - 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-226001-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363853**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at own home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Star</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
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4. FULL NAME OF CHILD <u>Sadie Irene Hughes</u>		5. Date of Birth of Child (Month, day, year) <u>9/26/1898</u>	
6. Sex <u>female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>no</u>		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Charles James Hughes</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth. <u>31</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Susan Louise Cunningham</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth. <u>33</u> yrs. 19. Birthplace <u>Virginia</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>"</u>	
---	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) 5 At time of birth and including this child. (b) 5 Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Canyon }

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for since her birth years, and that Dr. O. W. Hall is now deceased. I further state that is now deceased (Is now deceased) or (Cannot be located) who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James C. Hughes Signature
my commission expires Star, Idaho P. O. Address
 January 19 43
 Subscribed and sworn to before me this 3 day of January
 (SEAL) D. H. Radice Notary Public, residing at Star, Ida.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Maud H. Hefner Registrar.

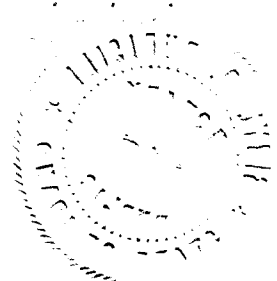
JAN 13 1943

AUG 21 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

691-219033-295

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

363929
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Madison (b) City Merburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Premont
(c) City Merburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Merburg, Idaho

3. RESIDENCE of FATHER (city, state) Merburg

4. FULL NAME OF CHILD

Bertrude Franzen

5. Date of Birth

(Month, day year) Jan. 19, 1898

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lars Peter Franzen

11. Color or Race white **12. Age at time of THIS birth** 28 yrs.

13. Birthplace Denmark
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Amanda Knibell

17. Color or Race white **18. Age at time of THIS birth** 21 yrs.

19. Birthplace Bear Lake Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) JAN 12 1940 (Date received) M. J. Franzen (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

County Premont
State of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Florence Franzen, being first duly sworn, say that I am related to Bertrude Franzen as mother (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Peterson (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Florence Franzen Signature

P. O. Address

Subscribed and sworn to before me on this Jan day of 1940
(SEAL) Notary Public Notary Public, residing at Merburg, Idaho

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

364026
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Mountain Home</u> (c) Street Address or R.F.D. No. <u>---</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: <u>2</u> years <u>11</u> months <u>23</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Mountain Home</u> (d) Street Address or R.F.D. No. <u>---</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Mountain Home, Idaho</u>		

4. FULL NAME OF CHILD <u>Juanita Louise Richards</u>	5. Date of Birth of Child (Month, day, year) <u>3-14-1898</u>
6. Sex <u>female</u> 7. Twin or Triplet <u>--</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>

FATHER OF CHILD	
10. FULL NAME <u>Alonzo Richards</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>---</u> (City or town)	<u>Kansas</u> (State or foreign country)
14. Exact Occupation <u>Bookkeeper</u>	
15. Industry or Business	

MOTHER OF CHILD	
16. FULL MAIDEN NAME <u>Hattie Hendricks</u>	
17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>21</u> yrs.
19. Birthplace <u>Quaklinburg</u> (City or town)	<u>Germany</u> (State or foreign country)
20. Exact Occupation <u>Housewife</u>	
21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ---

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Elmore } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 44 years, and that Dr. J W Newkirk is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Hasey Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of January, 19 43

(SEAL) C. E. Warrall Notary Public, residing at Mountain Home, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Marj E. Eder Registrar.

JAN 27 1943

JUL 27 1938

JAN 22 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

497 111 028 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **364038**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 54 yrs.

4. FULL NAME OF CHILD William Elmer Elsworth Dixon

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Jan 11th 1898

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wm Elmer Elsworth Dixon

11. Color White or Race Irish 12. Age at time of THIS birth 28 yrs.

13. Birthplace Chiroon Pennsylvania (City or town) (State or foreign country)

14. Exact Occupation Hospital Corps Ft Sherman

15. Industry or Business Nurse handy man

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Josephine Johnson

17. Color White or Race French 18. Age at time of THIS birth 18 yrs.

19. Birthplace Iowa Johnson Co (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 45 years, and that Dr George Skinner who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha J Dixon Signature

Subscribed and sworn to before me this 15 day of December 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated, expires December 10, 1943)

Received for filing on JAN 19 1943 by Mabel J. Baker Registrar.

JAN 19 1929

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 111-035 819
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **364071**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nev Perce (b) City Kendrick
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 29 years 11 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nev Perce
(c) City Kendrick
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Kendrick, Ida

4. **FULL NAME OF CHILD** Harold Milton Peters
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 7-11-1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Barton Genoa Peters
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Kokomo, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Grain buyer
15. Industry or Business Tacoma Grain Co

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Myrtle Harris
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Washington }
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 44 years, and that Harriet Harris, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Myrtle Peters Signature
2230 W 59th St. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 12 day of January, 1943
(SEAL) _____ Notary Public, residing at Seattle, Wa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Marj T. Fisher, Registrar.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-228 037-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **364077**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Owyhee** (b) City **Delamar**

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

At Home

(e) Mother's stay **BEFORE** delivery:
IN THIS county **4** years **7** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Owyhee**

(c) City **Wilson**

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **30** yrs.

3. RESIDENCE OF FATHER (city, state) **Delamar, Idaho**

4. FULL NAME OF CHILD **Louise Isabel Gifford (Kanner)**

5. Date of Birth of Child
(Month, day, year) **Dec 28, 1898**

6. Sex **Female** 7. Twin or Triplet **nil** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Reuben J. Gifford**

11. Color or Race **White** 12. Age at time of THIS birth **52** yrs.

13. Birthplace **Milton, Vermont**
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business **Farmer**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Almeda J. Bernard**

17. Color or Race **White** 18. Age at time of THIS birth **30** yrs.

19. Birthplace **Boise, Idaho**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife to Farmer**

21. Industry or Business " " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **13** (b) Born alive and now living **12**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of **Idaho** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of **Canyon**

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **76** years of age, that I have known this person for **44** years, and that **Dr. Chas. Taylor** who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben J. Gifford Signature

#703-12th Ave. So. Nampa, Idaho P. O. Address

Subscribed and sworn to before me this **24th** day of **January**, 19 **42**

(SEAL) *Ronald C. Patton* Notary Public, residing at _____

(Note: Perjury is punishable as a Felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 19 1943** by *Marcel F. Eder* Registrar.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-112-029-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **364174**
Local Reg. No.
Registration No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genessee</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.
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4. FULL NAME OF CHILD <u>Gaylord Loveland.</u>	5. Date of Birth of Child <u>11/12/12/98</u> (Month, day, year)
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>none</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Harry Stanton Loveland.</u>	16. FULL MAIDEN NAME <u>Nellie Mae Holloway</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>white.</u>		
12. Age at time of THIS birth <u>26</u> yrs.	18. Age at time of THIS birth <u>23</u> yrs.		
13. Birthplace <u>Markette Co. Wisc.</u> (City or town) (State or foreign country)	19. Birthplace <u>Omlstad Co. Minnesota.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farming.</u>	20. Exact Occupation <u>Housewife.</u>		
15. Industry or Business <u>Farming.</u>	21. Industry or Business <u>same</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature	M.D.	Address	Date
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State of Minnesota. } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Koochiching.

I, the undersigned, being first duly sworn, say that I am the Mother. of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 44 years, and that Gaylord Loveland (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Mae Loveland Signature
Minnesota. P. O. Address
Jamaury 19 43

Subscribed and sworn to before me this day of
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-1400, Idaho Code annotated.)

Received for filing on Jan 19 1943 by Notary Public, Registrar.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363 120 036-331

364181

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 31 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Ida.

4. FULL NAME OF CHILD Merritt Colton

5. Date of Birth of Child
(Month, day, year) May 20-1898

6. Sex Male 7. Twin or Triplet No If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Winfield Colton
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace No town (webe County) Idaho
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Clark
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Atkinson Kansas
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Oneida ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 44 years, and that Eliza Clark who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____

Subscribed and sworn to before me this 15th day of January 1943

(SEAL) W. B. Clark Notary Public, residing at Malad, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mabel Treder Registrar.

JAN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

298-206001 296

365270

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Borah
(d) Name of Hospital or Maternity Home:
At residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 9 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Borah
(e) How long has **MOTHER** lived in Idaho? 9 Mos. yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Helen Margurite Bryant
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Female

5. Date of Birth of Child
(Month, day, year) March 6, 1898
8. No. months of Pregnancy 10 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Fred Crocker Bryant
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Oil City Penna.
(City or town) (State or foreign country)
14. Exact Occupation Mining engineer
15. Industry or Business Promoting mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Iva Myrtle Brown Bryant
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Franklin Furnance Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Mississippi
County of Boliver } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Dr. Dubois, who attended this birth deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Myrtle Bryant Signature

my com. Expires 4/15/43 215 N Victoria, Cleveland, Mississippi P. O. Address
Subscribed and sworn to before me this 16 day of January, 1943
(SEAL) C. B. Lagrone Notary Public, residing at Cleveland Miss
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 22 1943 by Mabel E. Leifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-208035-231

365306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Near Ilo
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 3 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Rural Ilo
(d) Street Address or R.F.D. No. 20
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD NAMIE ETHZELDA BOWMAN
5. Date of Birth of Child (Month, day, year) April 8, 1898
6. Sex Female **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME James David Bowman
11. Color or Race White **12. Age at time of THIS birth** 46 yrs.
13. Birthplace Salem Oregon (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Nettie Stanton
17. Color or Race White **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Woodburn Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of California County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 44 years, and that Doctor Lenz, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Raymond Bonmans Signature
39 Avenue 25, Venice, California P. O. Address

Subscribed and sworn to before me this 13th day of January, 19 43
My commission expires March 27, 1944
(SEAL) Notary Public, residing at Ocean Park, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JAN 25 1943 by Malcolm E. Lenz, Registrar.

JAN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318 208016-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

365376

State File No. 365376

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery
IN THIS county 1998 years May months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Basin
(d) Street Address or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Malinda Louisa Taylor

5. Date of Birth of Child
(Month, day, year) May 8, 1898

6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ruben William Taylor

11. Color White 12. Age at time of THIS birth 47 yrs.

13. Birthplace Cornwall England
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Louisa Pinbergross

17. Color White 18. Age at time of THIS birth 31 yrs.

19. Birthplace Alabama
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Cassia

I, the undersigned, being first duly sworn, say that I am the Munt of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 44 years, and that Dr. Dan P. Albee who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma McIntosh Signature

Oakley Idaho P. O. Address

Subscribed and sworn to before me this 14 day of January 1943

(SEAL) Notary Public, residing at Oakley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary E. Elder Registrar.

FEB 4 1943

FEB 4 1943

JAN 23 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

892-119 022-631

365498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Lyman
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Family Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Lyman
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gordon E. Fikstad 5. Date of Birth of Child Dec. 19, 1898
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|--|
| 10. FULL NAME <u>Oscar Fikstad</u> | 16. FULL MAIDEN NAME <u>Emma C. Olaveson</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>29</u> yrs. | 18. Age at time of THIS birth <u>30</u> yrs. |
| 13. Birthplace <u>Norway</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Norway</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Farming</u> | 21. Industry or Business <u>Farming</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho }
County of Madison } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Mrs. Carl J. Peterson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Fikstad Signature

Subscribed and sworn to before me this 28th day of January, 19 43
Davis Notary Public, residing at Rexburg, Idaho

(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by 1 Registrar.

FEB 3 1943

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-202 006 689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

365504

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Lona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Lona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Lona, Idaho

4. FULL NAME OF CHILD

BEULAH RITCHIE

5. Date of Birth of Child
(Month, day, year) April 2, 1898

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jabez Ritchie
11. Color White 12. Age at time
or Race of THIS birth 26 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Sheep and farm operator
15. Industry or Business Livestock and Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Whitehead
17. Color White 18. Age at time
or Race of THIS birth 24 yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12.30 A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho }
County of Bonnvale } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that
Mrs. Cook who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Scannan Christensen Signature

Idaho Falls P. O. Address

Subscribed and sworn to before me this 26 day of Jan 1949

(SEAL)

Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on

JAN 30 1949

by

John B. Lefter Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. R. F. D. #
(d) Name of Hospital or Maternity Home:
(NAME) BORN AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county SEVEN years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CANYON
(c) City NEAR CALDWELL
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? SEVEN yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

George Leo Doore6. Sex Male7. Twin or Triplet noIf so—born 1st, 2nd, 3rd L

5. Date of Birth of Child (Month, day, year)

9/9/18988. No. months of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

ABSOLOM DOORE

11. Color or Race

WHITE

12. Age at time of THIS birth

51 yrs.

13. Birthplace (City or town)

MISSOURI, USA

(State or foreign country)

14. Exact Occupation

FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

ROSELLA WILKINDA INGERSOLL

17. Color or Race

WHITE

18. Age at time of THIS birth

36 yrs.

19. Birthplace (City or town)

MINNESOTA, USA

(State or foreign country)

20. Exact Occupation

HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child FOUR (b) Born alive and now living THREE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of MISSOURICounty of COLE

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for since birth years, and that

MIDWIFE

(First name)

(Last name)

, who attended this birth. IS NOW DECEASED I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Gualls

Signature

My commission expires Jan, 15, 1944.Subscribed and sworn to before me this 26 day of January, 1943

(SEAL)

William A. SeibelNotary Public, residing at Jefferson City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

COLE County, Mo.

Received for filing on

JAN 30 1943

by

Marj H. Seibel

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466 109-014 957

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

643 123 016 813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365564**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Id.

4. **FULL NAME OF CHILD** W. Dale Fuller
5. Date of Birth of Child (Month, day, year) 5-23-1898
6. Sex M 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 4th
8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Walter D. Fuller
11. Color or Race Wh. 12. Age at time of THIS birth 48 yrs.
13. Birthplace Elgin, Ills.
(City or town) (State or foreign country)
14. Exact Occupation Stage Driver
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence Hale
17. Color or Race Wh. 18. Age at time of THIS birth 38 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature Midwife was Mrs. John Bridger
now deceased
M.D. Midwife Address Date

State of Idaho }
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25 at the birth

I, the undersigned, being first duly sworn, say that I am as an attendant of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 44 years, and that Mrs. John Bridger who attended this birth is now dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. M. Z. Granberry Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1943
(SEAL) Notary Public, residing at Burley, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Mary E. ... Registrar.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

365788

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Butte (b) City P.O. Arcos
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Butte
(c) City Arco P.O. Arcos town
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Arco Idaho

4. FULL NAME OF CHILD Florence Emma Todd

5. Date of Birth of Child Jan 3 1898
(Month, day, year)

6. Sex female **7. Twin or Triplet** _____
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME George Todd
11. Color or Race White American **12. Age at time of THIS birth** 36 yrs.
13. Birthplace Unknown Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Eunice Miller
17. Color or Race White American **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Capillion Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Dr. John Curtiss who attended this birth Deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Brisbin

Winchester Bay

Oreg

Signature

P. O. Address

Subscribed and sworn to before me this 31 day of January, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public for Oregon

Notary Public, residing at _____, My commission expires Nov. 16, 1945

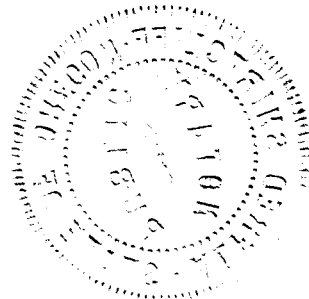
Received for filing on FEB 10 1943 by Mary E. Fisher, Registrar.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239-104 029-242

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

365852
State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Catah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 6 years months days

4. FULL NAME OF CHILD Frank William Stratton

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Albert Edward Stratton
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Elkton, S. Dakota
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Woodman
15. Industry or Business Laborer

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Catah
(c) City Farm house at Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) May 4 1919

8. No. months of Pregnancy 9mo. 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Ellen Bushnell
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Bushnell, Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
Mrs. Catherine Oglesby who attended this birth.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....194.....
(SEAL) Edith C. Calkins Notary Public, residing at 1711 Lakeside Court, Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

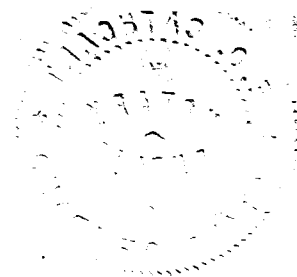
Received for filing on.....FEB 11 1943.....by Maud E. Calkins, Registrar.

FEB 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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753-221 003 285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 12 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

365856

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANERCRFT (b) City GENTIL VALLEY
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County BANERCRFT
(c) City GENTIL VALLEY
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

VILLA HELENE PECK

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Edwin Martin Peck
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace SALT LAKE CITY, UTAH
(City or town) (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business

5. Date of Birth of Child

(Month, day, year) Nov 21 1898

8. No. months of Pregnancy NINE 9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME Phoebe MARETTA Shepard
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Richmond UTAH
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 45 years, and that Villa Helen Peck, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marjorie Blackberry Signature

Subscribed and sworn to before me this 10th day of February, 1943.

(SEAL)

Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Marjorie Blackberry, Registrar.

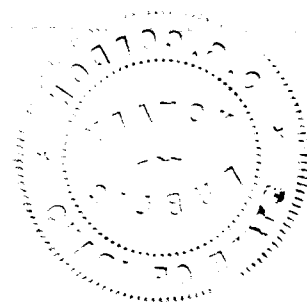
FEB 15 1943

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366 109 029 959
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

365900
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. 9 miles east of
(d) Name of Hospital or Maternity Home:
Moscow, Idaho (John Reid Farm)
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee 9 miles east of
(d) Street Address or R.F.D. No. Moscow, Idaho
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kingston, Ida.

4. **FULL NAME OF CHILD** Adrian Angelo Cowles

5. Date of Birth of Child
(Month, day, year) Sept. 9, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Ethan Cowles

11. Color or Race White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Westfield, Mass.
(City or town) (State or foreign country)

14. Exact Occupation School Teacher

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amanda Reid

17. Color or Race White 18. Age at time of THIS birth 23 yrs.

19. Birthplace North Branch, Minnesota
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Amanda Reid Cowles, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Now deceased _____ Date _____

State of Washington
County of Spoکان } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 68 years, and that Amanda Reid, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amanda Reid Cowles Signature
26112-3rd St Spokane Address
Idaho

Subscribed and sworn to before me this 13 day of February, 1943

(SEAL) _____ Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

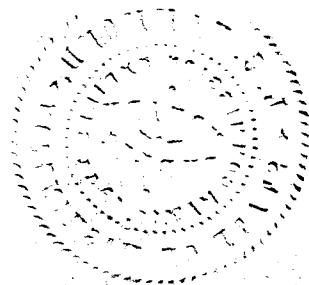
Received for filing on FEB 16 1943 by Idaho, Registrar.

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-214-003-443

United States (Be sure the information is as of date of birth of THIS child) State File No. **365934**
Department of Commerce
Bureau of the Census **CERTIFICATE OF BIRTH**
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cannock
(c) City Pocatello
(d) Street Address or R.F.D. No. not known
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Mabel Teresa Green 5. Date of Birth of Child
(Month, day, year) Nov. 14th 1898

6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** Lewis Ulysses Green 16. **FULL MAIDEN NAME** Lizzie Pauline Milline
11. Color or Race W 17. Color or Race W
12. Age at time of THIS birth 30 yrs. 18. Age at time of THIS birth 25 yrs.
13. Birthplace Wyoming Ill. 19. Birthplace Pastings Neb.
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation R R Brakeman 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Iowa } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Jasper in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that
Dr. H. A. Castle (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Lizzie Pauline Green Signature
Newton Iowa P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943
(SEAL) Thorne R. Klause Notary Public, residing at Newton, Iowa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary Elder, Registrar.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 23 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 34 yrs.

4. FULL NAME OF CHILD

Clara Kelley

6. Sex 21

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Carey Idaho

5. Date of Birth of Child (Month, day, year) 10-21-1898

8. No. months of Pregnancy 9

9. Legitimate? Yes.

10. FULL NAME

Dave Kelley

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace

Ogden Utah
(City or town) (State or foreign country)

14. Exact Occupation

Agriculture

15. Industry or Business

16. FULL MAIDEN NAME

Eunice Parke Kelley

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace

Bountiful Utah
(City or town) (State or foreign country)

20. Exact Occupation

House-keeping

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 45 years, and that

Mrs. Jas. Carey, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eunice S. Kelley Signature

Carey Idaho P. O. Address

Subscribed and sworn to before me this 15th day of February, 1943

(SEAL)

Shirley A. York

Notary Public, residing at Carey Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

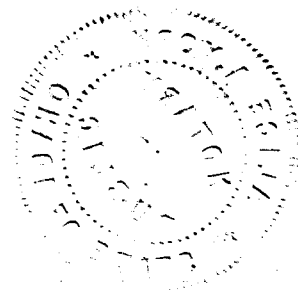
Received for filing on FEB 22 1943 by Maud Fielder, Registrar.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-221-235-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **366071**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Adelia Lucille Wilson</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 21, 1898</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Harry Wilson</u>	16. FULL MAIDEN NAME <u>Maud Meloin Dunham</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth yrs.	18. Age at time of THIS birth yrs.		
13. Birthplace <u>Toronto Canada</u> (City or town) (State or foreign country)	19. Birthplace <u>Portland Oregon U.S.A.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>civil engineer</u>	20. Exact Occupation		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of New York
County of Steuben } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 44 years, and that the Doctor who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Hughes Signature
c/o Veterans Administration, Bath, New York. P. O. Address

Subscribed and sworn to before me this 9th day of February, 1943.

(SEAL)

Charles Kellogg Notary Public, residing at Bath, New York.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 14-114 Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mary Elder Registrar.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

114-221-0 29-194

366074

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County.....
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

4. **FULL NAME OF CHILD** Florence allie james

5. Date of Birth of Child
(Month, day, year) 1-21-98

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Gaston James
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Leicester North Carolina
(City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Armstrong
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Kidderville Missouri
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 45 years, and that Dr. Britman who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. A. E. James Signature
4903 S.E. 70 ave P. O. Address

Subscribed and sworn to before me this 5th day of February, 1943.
(SEAL) A. J. Demarest Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Apr 21-43

Received for filing on FEB 22 1943 by Mary E. Elder Registrar.

FEB 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 103035-259

366135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 8 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at-home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 5 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.

4. FULL NAME OF CHILD

Howard Holmes Morrison

5. Date of Birth of Child

(Month, day, year) Feb 3 - 1898

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wallace Wayne Morrison
11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Barry Illinois
(City or town) (State or foreign country)
14. Exact Occupation farmer & stock man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Snider
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Clearwater Neb
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's Deceased (Mother, etc.)
OWN signature

M.D.
Midwife Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 45 years, and that Dr Reese, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Morrison Signature
1828 S. Van Ness Ave, Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 16th day of February, 1943

(SEAL)

Roger R. Jones

Notary Public, residing at Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

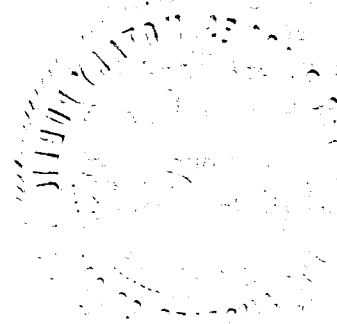
Received for filing on FEB 8 1943 by Marj Fielder, Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



513 104009 513

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **366141**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Bonner** (b) City **Priest River**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **at home**
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Bonner**
(c) City **Priest River**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **2** yrs.

4. **FULL NAME OF CHILD** **Medino Naccarato**

5. Date of Birth of Child
(Month, day, year) **Dec. 4 1898**

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME** **Angelus Naccarato**
11. Color or Race **white** 12. Age at time of THIS birth **32** yrs.
13. Birthplace **Grimaldi Italy**
(City or town) (State or foreign country)
14. Exact Occupation **farmer**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Maria Teresa Naccarato**
17. Color or Race **white** 18. Age at time of THIS birth **20** yrs.
19. Birthplace **Grimaldi Italy**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Idaho** } ss.
County of **Bonner**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **44** years, and that **Elizabeth Keyser** is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Teresa Naccarato
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this **12** day of **Feb.**, 19 **43**

(SEAL) **Georgia Hugman** Notary Public, residing at **Priest River, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 23 1943** Residing at **Priest River, Idaho** Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381 204025 265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **366145**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>(Territory)</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>Rural</u> (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>15</u> years <u>2</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>(Territory)</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>Rural</u> (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.
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4. FULL NAME OF CHILD <u>BETHEL GRACE CHASE</u>	5. Date of Birth of Child (Month, day, year) <u>June 4, 1896</u>
6. Sex <u>Female</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME Frank Chase

11. Color or Race White **12. Age at time of THIS birth** 33 yrs.

13. Birthplace Marion Co. Oregon U.S.A.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer (Farm Owner)

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Bonebrake

17. Color or Race White **18. Age at time of THIS birth** 25 yrs.

19. Birthplace Marshfield, Coos Co. Oregon.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Unknown

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as .
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for over 44 years, and that Dr. (Unknown) Stockton, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Bonebrake Wallace Signature
129 So. Flower St. Los Angeles, California. P. O. Address

Subscribed and sworn to before me this 18th day of February, 19 43
(SEAL) Marva Weede (Marva Weede) Notary Public, residing at Los Angeles, California.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Marva Weede Registrar.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **367150**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 13 years 9 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Sharon County
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

4. **FULL NAME OF CHILD** Lucille Kathleen Watkins
7. Twin or Triplet
8. Sex female If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Bear Lake Idaho
5. Date of Birth of Child (Month, day, year) Sept. 24, 1898
6. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thomas Francis Watkins
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Dorchester South Wales England
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emily Angelina Hards
17. Color or Race English 18. Age at time of THIS birth 23 yrs.
19. Birthplace Bent England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign

I, the undersigned, being first duly sworn, say that I am the Emily Angelina Watkins of the person whose name appears
(Mother, etc.) in Item 4, above, that I am now 68 years of age, that I have known this person for 45 years, and that
Mary Hyman (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Emily Angelina Watkins Signature
Waches Wath P. O. Address

Subscribed and sworn to before me this 16 day of February 1947
(SEAL) Albert G. Lee Notary Public, residing at Waches Wath
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

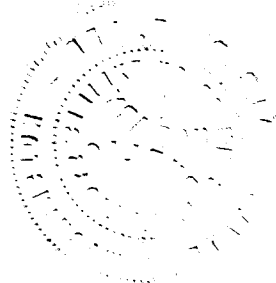
Received for filing on FEB 25 1943 by Mabel E. Elder Registrar.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

631 204014-847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367246**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of the birth)
(a) County Canyon (b) City Star, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Star, Idaho

4. **FULL NAME OF CHILD** Nellie Ethel Flake
5. Date of Birth of Child (Month, day, year) Jan 4-1898
6. Sex female 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 2nd 9. Legitimate? ☒

- FATHER OF CHILD**
10. **FULL NAME** James Emmet Flake
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Wheatland, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Louie Bell Hughes
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of California } ss.
County of Kern

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 45 years, and that Dr. O. W. Hall who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George E. Flake Signature

Maricopa, Kern Co., California P. O. Address

Subscribed and sworn to before me this 8th day of February, 1943

(SEAL) my commission expires February 25-1943 E. B. Sealegh Notary Public, residing at Maricopa, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 14-914, Idaho Code Annotated.)

Received for filing on MAR 15 1943 by Mabel E. Elder, Registrar.

MAR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551-217010-314

367-285

367285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367285
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>Rural</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>Rural</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs	
4. FULL NAME OF CHILD <u>Mary Elizabeth Evans</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho Falls Idaho</u>	
6. Sex <u>Female</u> 7. Twin or Triplet 8. No. months of Pregnancy 9. Legitimate? <u>yes</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 17, 1898</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Evans</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Waeston, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business <u>not known</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Naomi Elizabeth Campbell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>17</u> yrs. 19. Birthplace <u>Hyrum City, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all her life years, and that not known who attended this birth not known I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa Jane Evans Signature

525 W. Diamond, Butte, Montana, P. O. Address

Subscribed and sworn to before me this 15th day of March, 19 43

(SEAL)

Nette Schlick Notary Public, residing at Butte, Montana.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. expires Mar. 24, 1943

Received for filing on MAR 24 1943 by Mary E. Edwards, Registrar.

MAR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 110 042 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367323**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Hagerman</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Idaho</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>19</u> yrs.	
4. FULL NAME OF CHILD <u>George Lewis Stevenson</u> (Twin or Triplet) If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Oct 10 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>Edward Elmo Stevenson</u> 11. Color or Race <u>American</u> 12. Age at time of THIS birth <u>49</u> yrs. 13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL NAME <u>Phoebe Elizabeth</u> 17. Color or Race <u>American</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Promatory, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 2:30 P.M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Messie Duffee, who is related to this child as Aunt (First name) (Last name)
 (Mother, etc.)
25. Attendant's Messie Duffee M.D. 237 N. Johnson
 OWN signature Midwife Address Date Feb. 15

State of
 County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
 P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary E. Elder, Registrar.

FEB 26 1943

FEB 26 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168 127026 391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **367390**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County Jefferson (b) City Annis (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: own home (e) Mothers stay BEFORE delivery: In THIS county 4 years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Jefferson (c) City Annis (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 4 yrs.	
4. FULL NAME OF CHILD George Albert Johnson		3. RESIDENCE OF FATHER (city, state) Annis, Idaho	

6. Sex male		5. Date of Birth of Child (Month, day, year) Dec. 27, 1898	
7. Twin or Triplet		8. No. months of Pregnancy 9	
9. Legitimate? yes			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME George Johnson		16. FULL MAIDEN NAME Mary Elizabeth Crapo	
11. Color or Race white		17. Color or Race white	
12. Age at time of THIS birth 24 yrs.		18. Age at time of THIS birth 17 yrs.	
13. Birthplace Utah (City or town) (State or foreign country)		19. Birthplace Five Points, Utah (City or town) (State or foreign country)	
14. Exact Occupation Farmer		20. Exact Occupation housewife	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature **Idaho** M.D. **Midwife** Address Date

AFFIDAVIT

State of **Idaho** ss. (To be completed when the attendant does not sign in Item 25.)
County of **Twin Falls**

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,
above, that I am now **62** years of age, that I have known this person for **44** years, and that
Mrs. Cynthia Slater, who attended this birth **deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary Elizabeth Crapo Signature
Buhl, Idaho P. O. Address

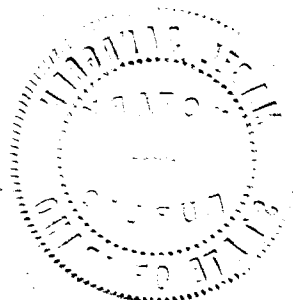
Subscribed and sworn to before me this **27th** day of **February**, 19 **43**
(SEAL) *Mabel Sandgren* Notary Public, residing at **Buhl, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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133-216036-765
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367409
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH. (All items at time of this birth)
(a) County Oneida (b) City Am. Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Am. Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Idaho

4. FULL NAME OF CHILD Ella. Nora Allen
5. Date of Birth of Child (Month, day, year) Nov. 16-1898

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Ora Franklyn Allen
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Denver Col. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Sara Ellen Pons
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid solution
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Power } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for Lifetime years, and that Anna Waystaff & Mary Hamley who attended this birth are both now deceased. I further state that (first name) (last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. S. E. Weir Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of February, 1943
(SEAL) Paul W. Meadows Notary Public, residing at Am. Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

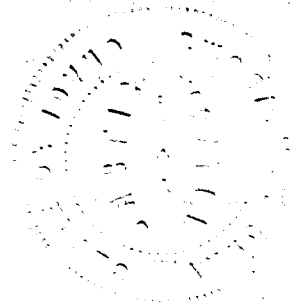
Received for filing on MAR 2 - 1943 by Mabel E. Eder Registrar.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-102 1016 343

United States (Be sure the information is as of date of birth of THIS child.) State File No. **367661**
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Cassia** (b) City **Oakley**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **None**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **16** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Cassia**
(c) City **Oakley**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **61** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Oakley, Idaho**

4. **FULL NAME OF CHILD** **Charles Cleone Haight**

5. Date of Birth of Child **Jan 2 1898**
(Month, day, year)

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Hector Caleb Haight**

11. Color **White** 12. Age at time of THIS birth **28** yrs.

13. Birthplace **Farmington, Utah**
(City or town) (State or foreign country)

14. Exact Occupation **Merchant**

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Clara Josephine Tuttle**

17. Color **W** 18. Age at time of THIS birth **26** yrs.

19. Birthplace **Tooele, Utah**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **8**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Idaho** } ss.
County of **Cassia**

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **71** years of age, that I have known this person for **45** years, and that
Sarah Tuttle Bates who attended this birth **is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Clara J. Haight Signature
Oakley, Idaho P. O. Address

Subscribed and sworn to before me this **8th** day of **March**, 19 **43**
Viva Black Notary Public, residing at **Burley, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 11 1943** by **Mary E. Edgar** Registrar.

JAN 11 1956

MAR 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

43-228-029-843

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

367794
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.
---	--

4. FULL NAME OF CHILD <u>Alta Rebecca McCracken</u>	5. Date of Birth of Child (Month, day, year) <u>Apr. 28-1898</u>
6. Sex <u>female</u>	8. No. months of Pregnancy <u>9mo</u>
7. Twin or Triplet _____	9. Legitimate? <u>yes</u>
If so—born 1st, 2nd, 3rd _____	

FATHER OF CHILD 10. FULL NAME <u>Berry Simpson McCracken</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>48</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lillie May Hutchins</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Wisconsin</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____
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22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by DECEASED, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature DECEASED **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Washington **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of King ss. _____ in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 44 years, and that _____, who attended this birth. DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adelaide McCracken Jennings Signature
1308. Howell St Seattle Wash P. O. Address

Subscribed and sworn to before me this 29th day of December, 1942

(SEAL) Ron P. Stonway Notary Public, residing at Seattle Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1943 by Mary E Elder Registrar.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 53, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443 221 026 243

367917

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Jefferson
 - (b) City Lewisville
 - (c) Street Address or R.F.D. No.
 - (d) Name of Hospital or Maternity Home:
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county 16 years 0 months 0 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho
 - (b) County Jefferson
 - (c) City Lewisville
 - (d) Street Address or R.F.D. No.
 - (e) How long has **MOTHER** lived in Idaho? 16 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lewisville-Idaho

4. **FULL NAME OF CHILD** May Muehlheit
5. Date of Birth of Child (Month, day, year) May 21, 1898
6. Sex Female
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|---|--|
| 10. FULL NAME <u>Melchior Muehlheit</u> | 16. FULL MAIDEN NAME <u>Rosina Butikoter</u> | 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>43</u> yrs. | 18. Age at time of THIS birth <u>34</u> yrs. | 13. Birthplace <u>Seaville</u> (City or town) | 19. Birthplace <u>Switzerland</u> (City or town) |
| 14. Exact Occupation <u>Brick Mason</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>Farming</u> | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)
25. Attendant's signature Idaho M.D. Address Date
OWN signature Bingham Midwife

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for All her life years, and that Mrs Fox who attended this birth Is now Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- (First name) (Last name)
- Subscribed and sworn to before me this 18th day of March, 1943
- (SEAL) L. Swagensen Notary Public, residing at Shelley, Idaho
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mary Elder Registrar.

MAR 23 1943

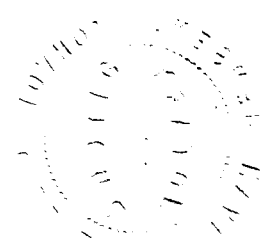
NOV 13 1958

MAR 25 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369047**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Ada** (b) City **Moore**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **13** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Ada**
(c) City **Moore**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **13** yrs.

4. FULL NAME
OF CHILD

Clarence Henderson

3. RESIDENCE OF FATHER (city, state)

Moore, Idaho
Date of Birth of Child (Month, day, year) **May 6, 1898**

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL
NAME

Alvin Vernon Henderson

11. Color
or Race

White

12. Age at time
of THIS birth **33** yrs.

13. Birthplace

Idaho

(City or town) (State or foreign country)

14. Exact
Occupation

Farming

15. Industry or
Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Ellen Beauland

17. Color
or Race

White

18. Age at time
of THIS birth **25** yrs.

19. Birthplace

Idaho

(City or town) (State or foreign country)

20. Exact
Occupation

house wife

21. Industry or
Business

house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** County of **Butte** ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Friend** of the person whose name appears
in Item 4, above, that I am now **70** years of age, that I have known this person for **Life** years, and that
Joan Beverland (First name) **Beverland** (Last name), who attended this birth **Deceased** (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Etta McQuire Signature

Moore, Idaho P. O. Address

Subscribed and sworn to before me this **9th** day of **June**, 19**42**

(SEAL)

W. J. Harrison Notary Public, residing at **Orco, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 25 1943** by **Mabel E. Eder** Registrar.

MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

351-212-235-237

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **369070**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Reubens
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Reubens
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Reubens, Idaho

4. FULL NAME OF CHILD Mary Ada Teats

5. Date of Birth of Child
(Month, day, year) Oct. 12, 1898

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis Phillip Teats
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Madison County, Montana
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Elizabeth McPeak
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Dade City, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho }
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 44 years, and that Dr. Lehard who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. P. Teats Signature
Reubens, Idaho

Subscribed and sworn to before me this 24 day of February, 1943
(SEAL) R. P. Teats Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Mary E. Elder Registrar.

NOV 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

655-129-026-655

369183

369183

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home (midwife)
(e) Mothers stay BEFORE delivery: 26 years 0 months 0 days
In THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho
5. Date of Birth of Child (Month, day, year) May 29, 1898
6. Sex Male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME THOMAS CHARLES O'NEIL
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME SARAH CAMPBELL O'NEIL
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Provo (City or town) (State or foreign country) Utah
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Ada }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now fifty-three years of age, that I have known this person for forty-five years, and that (Mrs.) Parks, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name)
Catherine O'Neil Lawrence (Signature)
307 E. Jefferson, Boise, Idaho P. O. Address

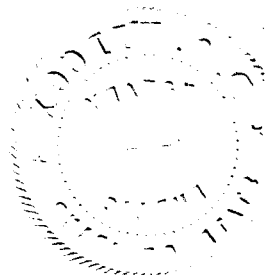
Subscribed and sworn to before me this 9th day of April, 19 43
(SEAL) W. J. Wilson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 12 1943 by Mary S. [Signature] Registrar.

APR 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369351

593-123-29-667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Challis</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>24</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Challis</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>50</u> yrs.	
4. FULL NAME OF CHILD <u>Franklin Roger Nickerson</u>		3. RESIDENCE OF FATHER (city, state) <u>Challis Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>9-23-98</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Frank Dunton Nickerson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Seaport Maine</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Fox</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Wilmington Delaware</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
 State of Washington.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Pierce.....ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Dr. Rogers who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Fox Nickerson Signature
2223 Sixth Avenue, Tacoma, Washington P. O. Address
March 19 43
Ednaes Urch Notary Public, residing at Tacoma, Washington
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated)

Received for filing on APR 2 1943 by Mary E. Elder Registrar.

APR 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar of record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **369395**
Local Reg. No.
Reg. Dist. No.

APR 2 1943
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Hawkins
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home confinement
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Hawkins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? twenty yrs.

3. **RESIDENCE OF FATHER** (city, state) Hawkins, Idaho

4. **FULL NAME OF CHILD** Emma Gooch
5. Date of Birth of Child (Month, day, year) August 12, 1898
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Matthew Gooch</u>	16. FULL MAIDEN NAME <u>Mary Eliza Walker</u>	17. Color <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
11. Birthplace <u>England</u> (City or town) (State or foreign country)	19. Birthplace <u>Mendon Utah</u> (City or town) (State or foreign country)	20. Exact Occupation <u>farmer</u>	21. Exact Occupation <u>housewife</u>
22. Name prophylactic used to prevent Ophthalmia Neonatorum.	23. Number of children of this mother: (a) At time of birth and including this child <u>five</u> (b) Born alive and now living <u>five</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Eliza Gooch Johnston (First name) (Last name)
who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

State of Nevada County of White Pine ss.
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 71 years of age, that I have known this person for 44 years, and that Mrs. L. Barger who attended this birth now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Mary Eliza Gooch Johnston Signature
Bx. 264, Ely, Nevada P. O. Address

Subscribed and sworn to before me this 1st day of April, 19 43 Ely, Nevada
(SEAL) F. D. O'Leary by E. J. Chamberlain (Notary Public, Residing in Judicial District of)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 5 1943 by Mary E Elder, Registrar.

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-104-010-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369462**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho
4. **FULL NAME OF CHILD** Guy Farnsworth
5. Date of Birth of Child Jan. 4, 1898
(Month, day, year)
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Farnsworth
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Pleasant Grove, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Bird
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Gooseberry, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 73 years of age, that I have known this person for since his birth years, and that
midwife who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Joseph Farnsworth Signature
109 Magnolia Ave., Long Beach P. O. Address
California

Subscribed and sworn to before me this 2nd day of April, 1943,
(SEAL) Raymond E. ... Notary Public, residing at Long Beach, Cal.
(Note: Perjury is punishable as a felony in Idaho. See Sec. 14-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary E. Elder, Registrar.

JAN 19 1962

AUG 19 1974

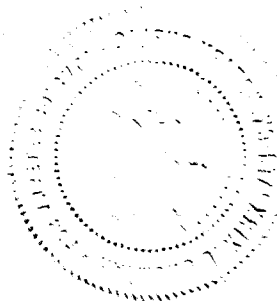
APR 10 1946

1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269-2271003-155

369499

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Evah Marie Sorensen

5. Date of Birth of Child
(Month, day, year) 3/27/98

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Sorensen
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Manti Utah
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business -----

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Johanna Jensen
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Ovid Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Mary Sorensen who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Sept. 19, 1944

Mary Sorensen Lee Signature
1964 Missouri Pacific Beach P. O. Address

Subscribed and sworn to before me this 5 day of April 1943

(SEAL) Mable Stockman Notary Public, residing at San Diego
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary E. Egan Registrar.

NOV 4 1963

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369504**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Nez Perce** (b) City **Lewiston**
(c) Street Address or R.F.D. No. **41**
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **20** years **0** months **0** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Nez Perce**
(c) City **Lewiston**
(d) Street Address or R.F.D. No. **41**
(e) How long has MOTHER lived in Idaho? **30** yrs.

4. FULL NAME OF CHILD

Francois Levi Anthony Inghram

3. RESIDENCE OF FATHER (city, state)

Idaho
5. Date of Birth of Child (Month, day, year) **JUNE 3, 1898**

6. Sex **Male**

7. Twin or Triplet **No**

If so—born 1st, 2nd, 3rd **1st**

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

10. FULL NAME

Samuel D. Inghram

11. Color or Race **white**

12. Age at time of THIS birth **47** yrs.

13. Birthplace

Norton Maine
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business **Farmer**

16. FULL MAIDEN NAME

Gregorio R. Randall

17. Color or Race **white**

18. Age at time of THIS birth **31** yrs.

19. Birthplace

Scio, Ore.
(City or town) (State or foreign country)

20. Exact Occupation **House Wife**

21. Industry or Business **Farming**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive** at **Idaho** M. on the date **4** (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **Brother**, who is related to this child as **Brother** (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** County of **Nez Perce** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4 above, that I am now **45** years of age, that I have known this person for **43** years, and that

W. J. Morris (First name) **W. J. Morris** (Last name), who attended this birth **is dead** (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. J. Morris Signature
Lewiston, Ida. P. O. Address

Subscribed and sworn to before me this **24th** day of **April**, 19**43**

(SEAL)

John H. Phillips Notary Public, residing at **Lewiston, Ida.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 14 1943** by **Mary Elder**, Registrar.

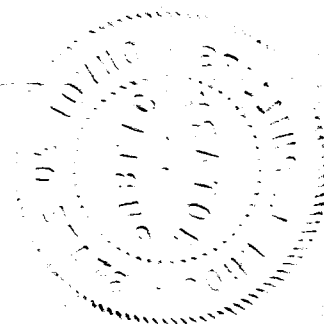
APR 14 1943

SEP 5 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-207.025-815

(Be sure the information is as of date of birth of THIS child.)

State File No. **369511**

United States

Department of Commerce

Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Cottonwood

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

Home

(e) Mothers stay BEFORE delivery:

In THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Cottonwood

(d) Street Address or R.F.D. No. Gen. Del.

(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood, Idaho

4. FULL NAME OF CHILD

Nellie Mae Scott

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John William Scott

11. Color or Race white 12. Age at time of THIS birth 21 yrs.

13. Birthplace Wash. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Francis Vandell

17. Color or Race white 18. Age at time of THIS birth 17 yrs.

19. Birthplace Deerhorn Creek, Wash. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 A. M. on the date

and at the place stated above, and that personal particulars were furnished by Mary Francis Kirk (First name) (Last name)

who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Rose L Knapp M.D. Address Rt 1, Box 653, Kinton, Wash Date Apr 7, 1943

State of Washington County of King ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that

_____, who attended this birth. I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____, Signature

_____, P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____.

(SEAL) _____, Notary Public, residing at _____.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary E Elder, Registrar.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-205-1014-958

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **369527**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Canyon** (b) City **Caldwell**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county **12** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Canyon**
(c) City **Caldwell**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **12** yrs.3. RESIDENCE OF FATHER (city, state) **Caldwell, Idaho**5. Date of Birth of Child
(Month, day, year) **March 5, 1898**

4. FULL NAME

OF CHILD **Mary Francis Willard Harmon**

6. Sex **female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **nine** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Harmon, Jesse Lindsey**
11. Color or Race **white** 12. Age at time of THIS birth **47** yrs.
13. Birthplace **Dubaie County, Indiana**
(City or town) (State or foreign country)
14. Exact Occupation **Saddle and harness maker**
15. Industry or Business **Saddle & harness making**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Anna Marie Reynolds**
17. Color or Race **white** 18. Age at time of THIS birth **37** yrs.
19. Birthplace **Mirabile, Missouri**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business **Teacher before marriage**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **three** (b) Born alive and now living **three**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of **California** } ss.
County of **Riverside** }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **32** years of age, that I have known this person for **45** years, and that
Dr. Albert Isham who attended this birth **is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. A. M. Harmon Signature
Coachella Cal. P.O. Address

Subscribed and sworn to before me this **5th** day of **April**, 19 **43**

(SEAL)

Henry J. Elden Notary Public, residing at **Coachella,**
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) **California**

Received for filing on **APR 14 1943** by **Mary E. Elden** Registrar.

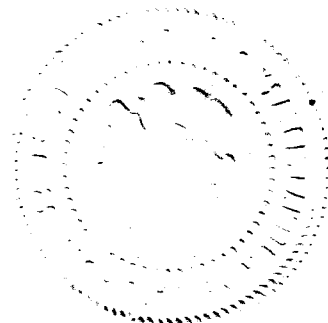
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **369543**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>East Main,</u> (d) Name of Hospital or Maternity Home: <u>no.</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>15</u> years _____ month _____ days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) <u>Idaho</u> State _____ (b) County <u>Bingham</u> (c) City <u>Blackfoot,</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in <u>Idaho?</u> <u>Life</u> yrs. (f) Mother's mailing address <u>Blackfoot, Idaho</u>
3. RESIDENCE of FATHER (city, state). <u>Blackfoot</u>	

4. FULL NAME OF CHILD <u>Gladys, Oneta, Johnson</u>	5. Date of Birth (Month, day, year) <u>Dec. 26, 1898</u>
6. Sex <u>Female</u>	7. Twin or Triplet _____
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD 10. FULL NAME <u>Thomas Jefferson Johnson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Corrinne, Utah.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Book-Keeper</u> 15. Industry or Business <u>Commercial</u>	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>M. Fisher.</u> (<u>Maud</u>) 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Malad, Idaho.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Home</u>
---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Nitrate Silver 5 per cent</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:00 P.M. on the date APR 14 1943 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received)	(b) _____ (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____	by _____ (Registrar's signature)	and address _____ Date _____

State of <u>Idaho</u>	} ss.	AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of <u>Bingham</u>		

I, Caroline M. Adair, being first duly sworn, say that I am well acquainted with Gladys Oneta Johnson as a neighbor (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Behle, who attended said birth is now deceased (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Caroline M. Adair Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of March, 19 43.
(SEAL) John W. Jones Notary Public, residing at Blackfoot, Idaho

APR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

769-215-044-895

369548

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Salubria</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Salubria</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Florence Violetta Points</u> 6. Sex <u>Female</u> Twin or Triplet If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Salubria, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 15, 1898</u> 8. No. months of Pregnancy <u>Nine</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Penoir Points</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL NAME <u>Martha Malinda Hinshaw</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 45 years, and that W. L. Loebe (Last name) who attended this birth..... I further state that (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

A M Hinshaw Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1943.
 (SEAL) Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Mary E. Loebe Registrar.

APR 15 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5972 25.029-953

369633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Jenessee</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u> </u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Jenessee</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Doris Mildred Nixon</u>		3. RESIDENCE OF FATHER (city, state) <u>Jenessee, Idaho</u>	

5. Date of Birth of Child <u>25 April, 1898</u> (Month, day, year)	6. Sex <u> </u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
10. FULL NAME <u>Joseph B. Nixon</u>		16. FULL MAIDEN NAME <u>Mary Recheleu</u>		

11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>30</u> yrs.		17. Color or Race <u>white</u>		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Harrisburg, Linn County, Oregon</u> (City or town) (State or foreign country)		19. Birthplace <u>Taylor, Jackson County, Wis.</u> (City or town) (State or foreign country)		20. Exact Occupation <u>housewife</u>		21. Industry or Business <u> </u>	
14. Exact Occupation <u>Carpenter</u>		15. Industry or Business <u> </u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u> </u>		23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all her life years, and that John Beck Dr in (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Wilson Signature
2811-West 66 St. Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 8 day of April, 1943
(SEAL) Robert Anderson Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

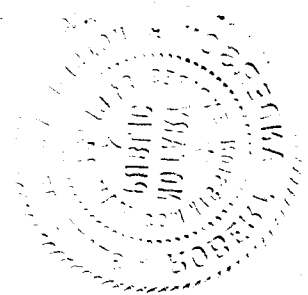
Received for filing on APR 19 1943 by Mary E. Elder Registrar.

APR 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-225-028-219 (Be sure the information is as of date of birth of THIS child)

United States State File No.
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. Rathdrum
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City none Rathdrum Rathdrum
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mabel Matilda Hanna

5. Date of Birth of Child Dec. 25, 1898
(Month, day, year)

6. Sex female 7. Twin or single If so—born 8. No. months 9. Legitimate? yes
Triplet 1st, 2nd, 3rd of Pregnancy 9

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** Eldo Adelbert Hanna 16. **FULL MAIDEN NAME** Viola Barbee
11. Color white 12. Age at time of THIS birth 42 yrs. 17. Color white 18. Age at time of THIS birth 28 yrs.
13. Birthplace Astabula, Ohio 19. Birthplace Effingham Co. Illinois
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation logging 20. Exact Occupation housewife
15. Industry or Business logging 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 8th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Oregon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Glickamas }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 44 years, and that Mrs. Pence is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Hanna Signature
Rt. 11, Box 35 Milwaukie, Ore. P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1943
(SEAL) E. K. [Signature] Notary Public, residing at Milwaukie, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by [Signature], Registrar.

APR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-112-033-719

United States
Department of Commerce
Bureau of the Census

APR 24 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370769
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Ribburg</u> (c) Street Address or R.F.D. No. <u>Route 3</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years <u>8</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Ribburg</u> (d) Street Address or R.F.D. No. <u>Route 3</u> (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Hugh Samson Parker</u> 7. Twin or Triplet <u>Twin</u> If so—born _____ 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		5. Date of Birth of Child <u>July 12 1898</u> (Month, day, year)	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>Parley Pratt Parker</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>44</u> yrs. 13. Birthplace <u>Salt Lake Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rhoda Lee Parker</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>Salt Lake Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother—(a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____
 (First name) (Last name)
 who is related as _____
 (Mother, etc.)

25. Attendant's _____ M.D. Address _____ Date _____
 OWN signature _____ Midwife _____

AFFIDAVIT

State of _____ } ss.
 County of _____

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 82 years of age, that I have known this person for 44 years, and that
 (First name) (Last name) Wally, who attended this birth deceased I further
 (Now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.
Rhoda Lee Parker Signature
 _____ P. O. Address _____

Subscribed and sworn to before me this 12 day of April, 1943
 (SEAL) L. W. Wendel Ritchie Notary Public, residing at Ribburg Ida
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

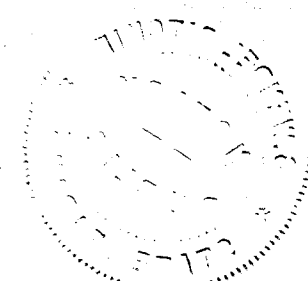
Received for filing on APR 16 1943 by Mary E. Elder Registrar.

APR 27 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record to the State Health Statistics for the purpose and use prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 218 022 493

370860

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: George Secrist residence
(e) Mother stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Parker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

4. **FULL NAME OF CHILD** Essie Marie Secrist
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Parker, Idaho
5. Date of Birth of Child (Month, day, year) April 18, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George Nephi Secrist
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Tarunington, Utah (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Henrietta Miller
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Tarunington, Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

State of Idaho County of Fremont ss.
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Henrietta Miller (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty four years of age, that I have known this person for forty five years, and that not known who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Henrietta Miller Secrist Signature
313 W. Main, Huntington, Idaho Address

Subscribed and sworn to before me this 23 day of April, 1943
(SEAL) _____, Notary Public, residing at St. Anthony, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Mary E. Eder, Registrar.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-211-029-553

United States
Department of Commerce
Bureau of the Census

MAY 10 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

370966

State File No. 370966
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Garrison</u> (c) Street Address or R.F.D. No. <u>1 on the Farm</u> (d) Name of Hospital or Maternity Home: <u>at Linvilleville Path Lathos</u> (e) Mothers stay BEFORE delivery: In THIS county <u>Latah</u> years <u>August</u> months <u>11</u> days <u>Tuesday</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>on the Farm at Linville</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>10</u> months	
4. FULL NAME OF CHILD <u>Franklin Regina Carlson</u>		5. Date of Birth of Child (Month, day, year) <u>11 August 1943</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>9 months</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	
FATHER OF CHILD 10. FULL NAME <u>Loth Carlson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Sweden</u> (City or town) <u>Foreign Country</u> (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>none</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Louisa Nelsen</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Farm Labor</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 44 years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this May day of May 1943

(SEAL) _____ Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 10 1943 by Paul E. Elder Registrar.

MAY 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236 210022 355
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

370992

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Spencer
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Spencer
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Ernest Stoddard

5. Date of Birth of Child
(Month, day, year) Oct 18, 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Raymond Stoddard

11. Color or Race white 12. Age at time of THIS birth 21 yrs.

13. Birthplace Spencer Idaho
(City or town) (State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lee

17. Color or Race white 18. Age at time of THIS birth 20 yrs.

19. Birthplace Toole City Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum

~~23. Number of children of this mother (a) Born alive and now living (b) Born alive and now living~~

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address deceased Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (mother's sister) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for as long as I was here when she was born years, and that 3 Mrs. Holman who attended this birth. is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maudie H. Hansen Signature
7329 Raspberry Avenue City, P. O. Address

Subscribed and sworn to before me this 19 day of April, 1943

(SEAL)

Heraldine Gaurley Notary Public, residing at 11111 Huntington Park
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated, Commission Expires March 27, 1945)

Received for filing on MAY 4 1943 by Maudie H. Hansen, Registrar.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics, and (where necessary) transmittal to the Bureau of Vital Statistics, Chapter 2, Title 1, Section 1, of the 1937 Session Laws, such report is accompanied by a certificate of the local registrar or by Affidavits of the father or mother of the child, or by Affidavits of the mother of the child, or by Affidavits of the guardian, or some person having direct knowledge of the birth of the child, or by Affidavits of the father or mother of the child, or by Affidavits of the mother of the child, or by Affidavits of the guardian, or some person having direct knowledge of the birth of the child.

165 714 036 318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

371002

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City malad
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City malad
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 29 yrs.

4. **FULL NAME OF CHILD** John Paul Jones
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

3. **RESIDENCE OF FATHER** (city, state) malad Idaho
5. Date of Birth of Child (Month, day, year) April 14, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Daniel S. Jones
11. Color white 12. Age at time of THIS birth 21 yrs.
13. Birthplace malad Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Taylor
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace malad Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date
State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Oneida

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that Dante Jones (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Jones Pierce Signature
malad Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 1943
(SEAL) Edward W. Wogley Notary Public, residing at malad Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Mary H. Elder Registrar.

MAY 6 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAY 3 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State 371010
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>Same</u> (d) Name of Hospital or Maternity Home: <u>Same</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Grace Ellen Garrett</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 2, 1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>1st</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
10. FULL NAME <u>Miles Garrett</u>		16. FULL MAIDEN NAME <u>Charlotte Ella Fitzgibbon</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>State of Ohio</u> (City or town) (State or foreign country)		19. Birthplace <u>State of Mo.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 77 years of age, that I have known this person for 45 years, and that
Mr. Robinson who attended this birth dead.
(First name) (Last name) (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

1333-2da. Sr. Robinson, 2da. Signature
P. O. Address
Subscribed and sworn to before me this 28 day of Apr., 1943
(SEAL) John R. Phillips Notary Public, residing at Robinson, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

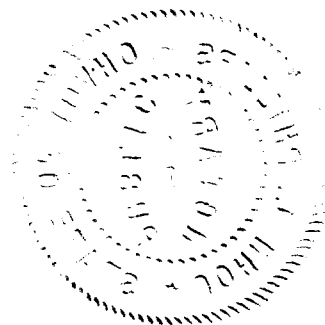
Received for filing on MAY 3 1943 by Mary E. Elder Registrar.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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432-226-029 759

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **371050**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Jane Marguerette McKenzie</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 26, 1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>1st</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John E. McKenzie</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>New Glasgow, Nova Scotia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business ..		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jenne Gerald</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Whumpag, Canada</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business ..	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's Idaho M.D. Address Date
OWN signature Reaper Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above that I am now 34 years of age, that I have known this person for 45 years, and that Mr. Gubman who attended this birth dead. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature Mother, P. McKenzie
P. O. Address Lewiston, Ida.

Subscribed and sworn to before me this 3 day of May, 1943

(SEAL) John L. Phelley Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

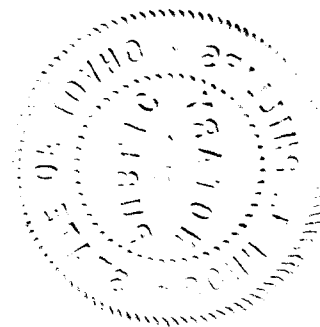
Received for filing on MAY 6 - 1943 by Marj E. Edgar Registrar.

MAY 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-114 040-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **371084**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Geehi</u> (c) Street Address or R.F.D. No. <u>X</u> (d) Name of Hospital or Maternity Home: <u>X</u> (e) Mothers stay BEFORE delivery: In THIS county <u>one</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Geehi</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>one</u> yrs.	
4. FULL NAME OF CHILD <u>Albert Francis Monty</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd 6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 14, 1898</u> 8. No. months of Pregnancy 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Otto Francis Monty</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Portage Wisconsin</u> (City or town) (State or foreign country) 14. Exact Occupation <u>miner</u> 15. Industry or Business <u>metal mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mattie A. Wright</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Dog Mines Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business <u>home making</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>two</u> (b) Born alive and now living <u>one</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 67 years of age, that I have known this person for 45 years, and that
Mrs. Elizabeth Wright who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary Nolan Signature
RFD Garfield, Wash. P. O. Address

Subscribed and sworn to before me this 29 day of April, 1943

(SEAL)

Notary Public, residing at Portage, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
My commission expires December 10, 1943

Received for filing on MAY 7 1943 by Mary Fielder, Registrar.

MAY 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **371110**

Local Reg. No.

Reg. Dist. No.....

- | | | | |
|--|--|---|----------------------------------|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Bingham</u> (b) City <u>Taylor Idaho</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county <u>1</u> years <u>2</u> months _____ days | | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Bingham</u>
(c) City <u>Taylor</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>1 mo 2 mos. yrs.</u> | |
| 4. FULL NAME OF CHILD <u>Hans Peter Larsen</u> | | 5. Date of Birth of Child
(Month, day, year) <u>Nov. 6, 1898</u> | |
| 6. Sex <u>male</u> | 7. Twin or Triplet _____
If so—born _____
1st, 2nd, 3rd | 8. No. months of Pregnancy <u>9</u> | 9. Legitimate? <u>yes</u> |

FATHER OF CHILD

MOTHER OF CHILD

- | | |
|--|--|
| 10. FULL NAME <u>Andres Fredrick Wilhelm Larsen</u> | 16. FULL MAIDEN NAME <u>Bertha Nelson</u> |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>34</u> yrs. | 18. Age at time of THIS birth <u>33</u> yrs. |
| 13. Birthplace <u>Nakscov Denmark</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Nakscov Denmark</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Blacksmith</u> | 20. Exact Occupation <u>Housekeeper</u> |
| 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for 43 years, and that Miss Helen Hubbard, who attended this birth, Can not be located (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. —

Subscribed and sworn to before me this 27 day of May, 1942.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 1, 1968 by Malcolm F. Eldon, Registrar.

MAY 10 1943

by

Registrar.

Use only **BLACK Ink** or **BLACK Record typewriter ribbon** in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each **certified copy** requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-104,036-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372337**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Onieda (b) City Glendale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Onieda
(c) City Glendale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gerald William Jarman
5. Date of Birth of Child July 4, 1898
(Month, day, year)
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Arthur Jarman
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lydia Elizabeth Hopkins
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 44 years, and that Mrs. Swan who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia E. Hopkins Jarman Signature
—11619 E. Compton Blvd. Lyn. P. O. Address

Subscribed and sworn to before me this 17th day of May, 1943.
(SEAL) Aurelia Greenwell Notary Public, residing at 517 E. Compton Blvd
(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.) Compton, Calif
My Commission Expires May 10, 1944

Received for filing on MAY 24 1943 by Harold E. Eder Registrar.

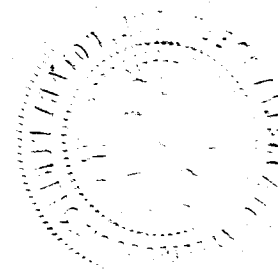
JAN 4 1966

MAY 24 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



583-119-029-437

372398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>At home of parents</u> (e) Mother's stay BEFORE delivery: <u>one</u> years <u>two</u> months <u>3</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>One</u> yrs.	
4. FULL NAME OF CHILD <u>Cuvier Meram Ehlen</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 19, 1898.</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>Triplet</u>		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>William Hamilton Ehlen</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Aurora, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Physician and Surgeon</u> 15. Industry or Business <u>Medicine</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Belle McGregor</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Sacramento, California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Same</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Wash } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Clark } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 44 years, and that Dr. Ehlen, M.D. who attended this birth. Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. W. M. Savage Signature
Vancouver Wash P. O. Address

Subscribed and sworn to before me this 9th day of Jan. 1943

(SEAL) Lillian Harrison Notary Public, residing at Vancouver
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Mary E. Eder Registrar.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372466**
Local Reg. No. _____
Reg. Dist. No. _____

557-217-006-249
MAY 27 1943

Ensure the information is as of date of birth of THIS child.)

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mothers stay <u>BEFORE</u> delivery: In <u>THIS</u> county <u>10</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>55</u> yrs.	
4. FULL NAME OF CHILD <u>Belva May Engberson</u>		5. Date of Birth of Child (Month, day, year) <u>August 17, 1898</u>	
6. Sex <u>F</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Hiram Henry Engberson</u>		16. FULL MAIDEN NAME <u>Rosetta Burns</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>22</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>East Millcreek</u> <u>Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Savannah</u> <u>Mo.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ M.D. Address _____ Date _____
OWN signature _____ Midwife _____

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for Life years, and that Dr. G. W. Pendleton (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta Engberson Signature
Ririe, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 19 43.
(SEAL) W. L. Brewster Notary Public, residing at Idaho Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1943 by Mary E. Elden Registrar.

~~50111~~
JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-218601-434

372521

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 1 1943
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>xx</u> (d) Name of Hospital or Maternity Home: <u>residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>2</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>xxxx</u> (e) How long has MOTHER lived in Idaho? <u>2 yrs 2 mo</u>	
4. FULL NAME OF CHILD <u>Mary Lavinia McKean</u> (McKean) 7. <u>Twins</u> If so—born 1st, 2nd, 3rd <u>1st</u>		5. Date of Birth of Child (Month, day, year) <u>March 18, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6. Sex <u>F</u> 10. FULL NAME <u>George Willis McKean</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Youngstown Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Taxidermist</u> 15. Industry or Business <u>Taxidermy</u>		16. FULL MAIDEN NAME <u>Sara McMillan</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Mt. Pleasant Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>xxxx</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>two</u> (b) Born alive and now living <u>two</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **M.D.** **Address** **Date**
OWN signature **Midwife**

State of Wyoming
County of Teton } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 79 years of age, that I have known this person for 45 years, and that
Forgotten Mrs. Freeman who attended this birth cannot be found
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Sara McKean Signature
Jackson Wyoming P. O. Address

Subscribed and sworn to before me this 28 day of May, 1943.
(SEAL) James J. Meser Notary Public, residing at Jackson
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

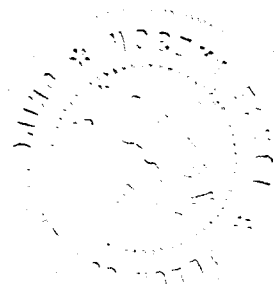
Received for filing on JUN 1 1943 by Mary Elder Registrar.

JUN 3 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

372532

265-210-029-29K

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lathah (b) City Genesee
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lathah
(c) City Genesee
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Elizabeth Rosalia Koenigs
5. Date of Birth of Child
(Month, day, year) Nov. 10, 1898
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd first
8. No. months of Pregnancy 9 Mo's 9 Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Peter Koenigs
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Fondulac, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer - at time of birth
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Philena Simmons
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Paribault, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address Date
Midwife

State of Washington } ss.
County of King

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for 45 years, and that

....., who attended this birth..... I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 25th day of May, 1943.
(SEAL) George A. Mac, Notary Public, residing at Seattle Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Lena Koenigs Signature
4661 South 13th St P.O. Address
Seattle Wash

Received for filing on JUN - 3 1943 by Mary I. [Signature] Registrar.
Notary Comm expires Oct 12/46

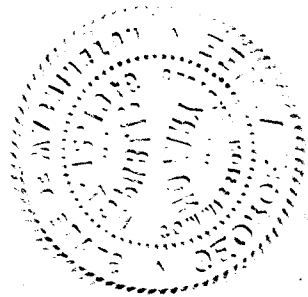
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-220-235-533

372538

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City MAHLER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City MAHLER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 mo yrs.
3. **RESIDENCE OF FATHER** (city, state) 11 months

4. **FULL NAME OF CHILD** ORA FRANCES THOMPSON

5. Date of Birth of Child
(Month, day, year) FEB. 20, 1898

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROBERT HUGH THOMPSON
11. Color WHITE 12. Age at time of THIS birth 42 yrs.
13. Birthplace MANMOUTH ILLINOIS
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELLEN AMANDA ELLIOTT
17. Color WHITE 18. Age at time of THIS birth 39 yrs.
19. Birthplace MANMOUTH ILLINOIS
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Payette

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 45 years, and that Mrs. Stevens, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Englehorn Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1933
(SEAL) Helene F. Brown Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 5 - 1943 by Mary E. Elder, Registrar.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-130-021-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

372617
State File No. 372617
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County. Franklin (b) City. Franklin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State. Idaho (b) County. Franklin
(c) City. Franklin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Franklin

4. **FULL NAME OF CHILD** Juneius Fredrick Doty
5. Date of Birth of Child Oct. 30 1898
(Month, day, year)
6. Sex Male 7. Twin or Triplet Triple If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Dwaine Doty
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Bingham Utah
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Elizabeth Mower
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Lemhi

I, the undersigned, being first duly sworn, say that I am the Step mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 30 years, and that Mrs. Kent who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ling Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of April, 1943

(SEAL) W. W. Simmonds, Clerk of the District Court, Lemhi County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Spida Ross Deputy Registrar.

Received for filing on JUN 14 1943 by Mary E. Eder

APR 20 1966

JUN 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or c/v.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 27 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372728**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Passia</u> (b) City <u>Passia</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>mid wife</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>Home</u> days. In THIS county. <u>100</u> years. <u>0</u> months. <u>0</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>California</u> (b) County <u>Placer</u> (c) City <u>Butte</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>30</u> yrs. (f) Mother's mailing address. <u>Butte</u>	
4. FULL NAME OF CHILD <u>Della Henrietta Groves</u>		5. Date of Birth <u>16/2-1898</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Chas. E. Groves</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>35</u> yrs. 13. Birthplace. <u>Edinburgh Virginia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Labourer</u> 15. Industry or Business <u>none</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida Mand Judd</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>20</u> years 19. Birthplace. <u>Centerville Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation. <u>Housekeeper</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

26. (a) JUN 15 1943 **(b)** Maud J. Elden **25. Attendant's**
(Date received) (Registrar's signature) **OWN signature** M.D. or
(D.O., Midwife, etc.)
27. Given name added on by and address
(Registrar's signature) Date

State of California }
County of Placer } ss.
Ida Mand Judd

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Ida Mand Judd, being first duly sworn, say that I am
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. or mid wife, who attended
said birth. is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

Ida Mand Judd Groves Name
Butte Calif. Dr. Engle P. O. Address

Subscribed and sworn to before me on this 22 day of October 1942
(SEAL) J. Elden Notary Public, residing at Butte Calif

MAY 27 1943

34358

CERTIFICATE OF BIRTH

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED REGISTRATION

766-118,012-413

372763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Butte</u> (b) City <u>Arco</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Butte</u> (c) City <u>Arco</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>George Arthur Powell</u>		3. RESIDENCE OF FATHER (city, state) <u>Arco, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>March 18, 1898</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
10. FULL NAME <u>James William Powell</u>		16. FULL MAIDEN NAME <u>Emma Madd Matthews</u>	
11. Color <u>White</u>		17. Color <u>White</u>	
12. Age at time of THIS birth <u>29</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Caplinger Mill, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Provo, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.....			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of California } ss.
County of Los Angeles }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 64 years of age, that I have known this person for since birth years, and that
Sarah Ferguson who attended this birth deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Emma Madd Powell Signature
1528 Rose Ave. Long Beach (4) P. O. Address
California

Subscribed and sworn to before me this 10 day of June, 1943
My Commission Expires March 29, 1944
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
J. A. Swift Notary Public, residing at Long Beach, California

Received for filing on JUN 17 1943 by Mary E. Elder Registrar.

JUN 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Order to Registrar

Registering Midwife

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372848**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Kellogg, Shoshone
4. **FULL NAME OF CHILD** Walter Darwin Furbush
5. Date of Birth of Child
(Month, day, year) July 17, 1898
6. Sex male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard Furbush
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Farmington, St of Washington
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business coal mines

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Skinner
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Eugene, Washington
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for all of life years, and that
don't remember who attended this birth. I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Anna Skinner Furbush
605 South Harrison, Pocatello, Idaho
P. O. Address

Subscribed and sworn to before me this 16th day of June, 1943.

(SEAL)

CLERK OF THE PROBATE COURT

Carl Petersen OF BANNOCK COUNTY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary Elder, Registrar.

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



592-11 389

372859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City St. Charles
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Own Home
(e) Mothers stay BEFORE delivery:
In THIS county years months 14 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Wyoming (b) County Uinta
(c) City Cokeville
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 14 days yrs.
3. **RESIDENCE OF FATHER** (city, state) Cokeville, Wyo.

4. **FULL NAME OF CHILD** Charles Edward Vibrans 5. Date of Birth of Child
(Month, day, year) 12th July 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Vibrans
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Stockman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth G. Christie
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Canada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 60 years of age, that I have known this person for 44 yrs 11 mo. years, and that
Mrs. Annie Laker who attended this birth deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Ruth Vibrans Signature
Cokeville, Wyoming P. O. Address

Subscribed and sworn to before me this 16th day of June, 1943.

(SEAL)

Notary Public, residing at Cokeville, Wyo.

Received for filing on..... by..... Registrar.

JUN 21 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

[illegible]

(1937 Session Laws, Chapter 139, Section 4)

1990

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372885
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery
IN THIS county 1 years 5 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 58 yrs.

4. FULL NAME OF CHILD Myrtle Hester Rogers

5. Date of Birth of Child
(Month, day, year) 12/14/1898

6. Sex Female 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Madison Rogers
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Montauk, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business Doctor of Dentistry

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Bird Allen
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Whitesville, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date at
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by at, who is related to this child as at
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature at M.D. Midwife Address Date
State of Idaho County of Lincoln ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 42 years, and that is now deceased, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of June, 1943
COMMISSION EXPIRES MARCH 15, 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Boise, Idaho

Received for filing on JUN 21 1943 by Mary E. Elder, Registrar.

JUN 22 1943

AUG 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-204041565

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 23 1943 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

374038
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Teton (b) City Teton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years 10 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Teton
(c) City TETONIA, IDAHO
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

4. **FULL NAME OF CHILD** Edna Agunda Hansen
5. Date of Birth of Child (Month, day, year) Dec. 4, 1898
6. Sex Female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Niels H. Hansen
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Ewer
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Birmingham England
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of TETONIA, IDAHO } ss.
County of Teton

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 71 years of age, that I have known this person for 44 years, and that
Maggie Barney (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Emma E. Hansen Signature
TETONIA, IDAHO P. O. Address

Subscribed and sworn to before me this 21 day of June 1943
(SEAL) Al Miller Notary Public, residing at TETONIA, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 23 1943 by Mary E. Eder Registrar.

JUN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



279-129001 268

374044

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

JUN 21 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.
3. **RESIDENCE OF FATHER** (city, state) Star Ida

4. **FULL NAME OF CHILD** Clarence Edward Spielman
5. Date of Birth of Child
(Month, day, year) Apr 22, 1898
6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jacob Edward Spielman
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bagerstown Maryland
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eve Ethel Boyd
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Middleton, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
State of Idaho County of Valley } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Lennie Smith who attended this birth is now dead I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Boyd Spielman Signature
Donnelly, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of June, 1943
(SEAL) Notary Public, residing at Donnelly, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary Elder, Registrar.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381 229 029 257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374045**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Latah** (b) City **Moscow**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years **2** months **2** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Nez Perse**
(c) City **Near Peck**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **13** yrs.

4. **FULL NAME OF CHILD** **Gertrude Lela Chapman**
7. Twin or Triplet **single** If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) **Idaho Peck**
5. Date of Birth of Child **Jan 29 1898**
(Month, day, year)
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

6. Sex **Female**
FATHER OF CHILD
10. **FULL NAME** **Charles Edwin Chapman**
11. Color or Race **White** 12. Age at time of THIS birth **30** yrs.
13. Birthplace **Woodbury Co Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD
16. **FULL NAME** **Phoebe Ann Blasley**
17. Color or Race **White** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **Pilot Rock Oregon**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **At home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **3rd** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature **Washington** M.D. Address Date
Cowlitz Midwife

State of **Washington** } ss.
County of **Cowlitz**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **69** years of age, that I have known this person for **since birth** years, and that

Dr. Watkins who attended this birth **is deceased** I further
(First name) (Last name) (If now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Phoebe Ann Chapman Signature
Woodland Washington P.O. Address

Subscribed and sworn to before me this **19** day of **June**, 19 **43**
(SEAL) **Amos O. Baker** Notary Public, residing at **Woodland**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

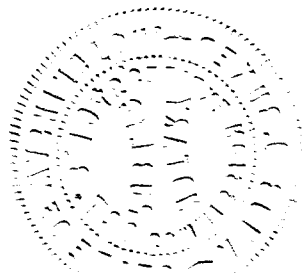
Received for filing on **JUN 24 1943** by **Mary H. Elder** Registrar.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



364 224 016 855

United States
Department of Commerce
Bureau of the Census

JUN 25 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374132**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home on Ranch
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Laura Louisa Todd

3. **RESIDENCE OF FATHER** (city, state) Rural Idaho
5. Date of Birth of Child
(Month, day, year) July 24 1899

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Todd
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Westbury England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Julia Ann Henderson
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Oxford Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5 A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Julia Ann Todd
(First name) (Last name)
who is related as Mother of child
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho ss.
County of Cassia

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 76 years of age, that I have known this person for 45 years, and that
Julia Ann Henderson who attended this birth is now deceased further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature Julia A Todd P. O. Address _____

Subscribed and sworn to before me this 15th day of June, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 25 1943 by Marj Elder Registrar.

JUN 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

944-113-035 464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374135**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nagawese</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>Idaho Street</u> (d) Name of Hospital or Maternity Home: <u>At Mother's Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>15</u> years <u>6</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nagawese</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>Mother's Home</u> (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Lloyd Hendry Ruddell</u>		5. Date of Birth of Child (Month, day, year) <u>Jan - 13 - 1898</u>	
6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>< yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George Hendry Ruddell</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Edith Aurella Mounce</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Cedar Rapids Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1st</u> (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for 45 years, and that
Edith A. Ruddell who attended this birth Mother I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Edith A. Ruddell Signature
4705 - Brass Pt. Drive P.O. Address
Seattle 43

Subscribed and sworn to before me this 24th day of June, 1943
(SEAL) Clarence L. Mendenhall Notary Public, residing at Seattle, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

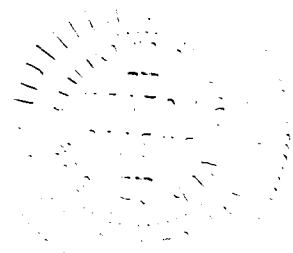
Received for filing on JUN 29 1943 by Mary E. Edgar Registrar.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414 215 008 141

United States

Department of Commerce

Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374165**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Idaho City

(c) Street Address or R.F.D. No. None

(d) Name of Hospital or Maternity Home:
No name

(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise

(c) City Idaho City

(d) Street Address or R.F.D. No. None

(e) How long has **MOTHER** lived in Idaho? Eight yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME

OF CHILD Alma May Maulding

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

6. Sex Female

5. Date of Birth of Child
(Month, day, year) Sept. 15, 1898

8. No. months
of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME Charles Albert Maulding

11. Color White 12. Age at time
or Race _____ of THIS birth 38 yrs.

13. Birthplace Salem Iowa
(City or town) (State or foreign country)

14. Exact
Occupation Assessor

15. Industry or
Business _____

MOTHER OF CHILD

16. FULL MAIDEN
NAME Alma Adams

17. Color White 18. Age at time
or Race _____ of THIS birth 35 yrs.

19. Birthplace Carlinville Illinois
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____
who is related as _____ (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho } ss.
County of Bonneville

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
above, that I am now 82 years of age, that I have known this person for 45 years, and that

Warren Newell who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Charles A. Maulding signature
486 D. Street, Idaho Falls, Idaho. Address

Subscribed and sworn to before me this 25th day of June, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1943 by Maud E. Ed. Registrar.

JUN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374190**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Near Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>In Army Camp</u> (e) Mother's stay BEFORE delivery: _____ IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Near Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>Since 18 yrs.</u>	
4. FULL NAME OF CHILD <u>James Greer Snell</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 11, 1898</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Leonard Snell</u>		16. FULL MAIDEN NAME <u>* Mary J. Henson</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>33</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace _____ (City or town) _____ (State or foreign country) <u>Georgia</u>		19. Birthplace _____ (City or town) _____ (State or foreign country) <u>Illinois</u>	
14. Exact Occupation <u>Spanish Am. War at the time</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>later - Street Car Conductor</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____, who is related to this child as _____ (Mother, etc.) _____

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Kansas
County of Ness } ss.

AFFIDAVIT to be completed when the attendant does not sign

I, the undersigned, being first duly sworn, say that I am the Aunt (sister of the mother) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for about 40 years, and that the person who attended this birth can not now be located further state that (Is now deceased) or (Cannot be located) _____

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ollie Funk Signature

Ness City, Kansas P. O. Address

Subscribed and sworn to before me this 5th day of February, 1943

(SEAL) Ch. Enney Notary Public, residing at Ness City, Kan.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 - 1943 by Maud E. Eden Registrar.

SEP 28 1954

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has ~~not been~~ recorded, or in case of failure to report any birth which ~~has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-225016-669

374260

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>home of Grandparents</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Utah</u> (b) County _____ (c) City <u>Promotory</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? _____ yrs.	
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4. FULL NAME OF CHILD <u>Ora Lenore Nelson</u>	5. Date of Birth of Child <u>Jan. 25 1898</u> (Month, day, year)
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6. Sex <u>female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? _____
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lars Alfred Nelson</u>	16. FULL MAIDEN NAME <u>Sara Ann Worthington</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>38</u> yrs.	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Tooele</u> (City or town)	19. Birthplace <u>Grantsville</u> (City or town)	<u>Utah</u> (State or foreign country)	<u>Utah</u> (State or foreign country)
14. Exact Occupation _____	20. Exact Occupation _____		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **Address** _____ **Date** _____

State of California } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of San Diego } ss.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 45 years, and that _____, who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that _____ the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ross Nelson Signature
Rt 2, Box 149, Escalante P. O. Address

Subscribed and sworn to before me this 27th day of May, 1943.
(SEAL) [Signature] Notary Public, residing at Escalante, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 - 1943 by [Signature], Registrar.

1916

2. 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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293-115-023-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374499**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County GEM (b) City Emmett, Ida.
(c) Street Address or R.F.D. No. R-1
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County GEM
(c) City Emmett
(d) Street Address or R.F.D. No. R-1
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

4. **FULL NAME OF CHILD** George Dewey Bilbrey

3. **RESIDENCE OF FATHER** (city, state) Emmett Idaho
5. Date of Birth of Child
(Month, day, year) May 16, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Irvin Hanford Bilbrey
11. Color or Race White 12. Age at time of THIS birth. yrs.
13. Birthplace Knoxville, Tenn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillian Wilson
17. Color or Race White 18. Age at time of THIS birth. yrs. 20
19. Birthplace Wall, Wall, Wash.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lillian
(First name) Bilbrey (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's **OWN** signature Minnie Everhart M.D. Address Tonasket Wash. Date
Midwife

State of Idaho ss.
County of GEM

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for 45 years, and that
Minnie Everhart who attended this birth. cannot be located
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Bilbrey Signature
1414 So 3rd. Ephraim Wash. P.O. Address

Subscribed and sworn to before me this 17th day of July, 1943
(SEAL) Emmett Notary Public, residing at Emmett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1943 by Marie E. Egan, Registrar.

JUL 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-230-029-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **375651**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>3-4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3-4</u> yrs.	
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4. FULL NAME OF CHILD <u>Elva Mildred Smith</u>	5. Date of Birth of Child (Month, day, year) <u>March 30, 1898</u>
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6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Jonathan James Smith</u>	16. FULL MAIDEN NAME <u>Etta Leora Foster</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>38</u> yrs.	18. Age at time of THIS birth <u>31</u> yrs.		
13. Birthplace <u>Richford Vermont</u> (City or town) (State or foreign country)	19. Birthplace <u>N. Cohocton, New York</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Oregon } ss.
County of Multnomah }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 45 years, and that Dr (Charles) Worthington, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of July, 1943
(SEAL) Per [Signature]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Etta Leora Smith Signature
10931 N.E. Fairling P.O. Address
443 Portland Oregon
NOTARY PUBLIC, STATE OF OREGON
MY COMMISSION EXPIRES SEPT. 5, 1945

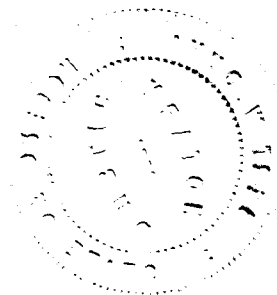
Received for filing on JUL 24 1943 by Mary E. [Signature] Registrar.

JUL 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

464-219.014-419
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

375705
State File No. 375705
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>CANYON</u> (b) City <u>EMMETT</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>HOME</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CANYON</u> (c) City <u>EMMETT</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>Gladys Imogene Moulton</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Sept. 19, 1898</u> 8. No. months of Pregnancy <u>NINE</u> 9. Legitimate? <u>YES</u>	
6. Sex <u>Female</u>		10. FATHER OF CHILD 16. MOTHER OF CHILD	
10. FULL NAME <u>CLAYTON TIFFEN Moulton</u> 11. Color <u>WHITE</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>GENTRY County, MISSOURI</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		16. FULL MAIDEN NAME <u>SARAH MARIE MARECHAL</u> 17. Color <u>WHITE</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>FORT WASHINGTON, WISCONSIN</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of IDAHO } ss.
County of GEM }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now.....years of age, that I have known this person for 45 years, and that
MADEL BARBER, who attended this birth DECEASED, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937-Session Laws.
Larceua Portlock Signature
Emmett Idaho P. O. Address
Subscribed and sworn to before me this 30 day of July, 1943
R.D. Barber Notary Public, residing at Boise, Idaho
(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

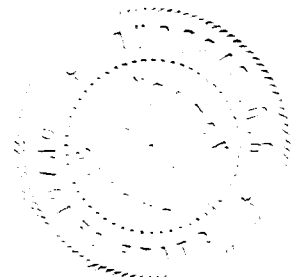
Received for filing on AUG 3 1943 by Mary E. Eden Registrar.

AUG 3 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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86627-237-319

37578

37578

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Dwyhee (b) City Elk Laram
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: In my own home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Dwyhee
(c) City Elk Laram
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address Elk Laram

3. RESIDENCE of FATHER (city, state) Elk Laram, Idaho

4. FULL NAME OF CHILD

Isabell Matilda Howard

5. Date of Birth

(Month, day year) Apr. 29 1899

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Henry Howard

11. Color White 12. Age at time of THIS birth 26 yrs.

13. Birthplace Evansville Indiana
(City or town) (State or foreign country)

14. Exact Occupation Rancher and

15. Industry or Business stock raising

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 18 1943 (Date received) Mary E. Eddy (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's

OWN signature _____ M.D.

and address _____ Date _____ (D.O., Midwife, etc.)

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Laura Howard, being first duly sworn, say that I am related
Isabell M. Howard as mother (Related to (or) acquainted with) whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1935 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Farrer, who attended

said birth was deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Mrs. Laura M. Howard Signature
Caldwell, Ida. R. 3.

P. O. Address

Subscribed and sworn to before me on this 18 day of August 1943
(SEAL) Pauline Ambrose Notar Public, residing at Boise, Idaho

AUG 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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743.106.006.719

375764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Near Blackfoot</u> (c) Street Address or R.F.D. No. <u>Unknown</u> (d) Name of Hospital or Maternity Home: <u>None - born at residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Near Blackfoot</u> (d) Street Address or R.F.D. No. <u>Unknown</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Edwin Monroe Pulsipher</u>		3. RESIDENCE OF FATHER (city, state) <u>Near Blackfoot, Id</u>	

6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>April 6, 1898</u>	
7. Twin or Triplet <u>None</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ephraim Pulsipher</u>	16. FULL MAIDEN NAME <u>Sarah Rebecca Parsons</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>33</u> yrs.	18. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace <u>Brigham, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Leon, Iowa</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business <u>Farming</u>	21. Industry or Business <u>House wife</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child Five (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as.....
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature, Midwife

AFFIDAVIT

State of California ss.
County of Contra Costa

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 45 years, and that Unknown, who attended this birth Unknown. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21st day of May, 1943
(SEAL) James Reefe, Notary Public, residing at Richmond
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature C. M. Pulsipher
O. Address 2821 Ridge Rd. Richmond - Calif.

Received for filing on JUL 29 1943 by Marj Elder, Registrar

JUL 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375850**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years 0 months days

4. FULL NAME OF CHILD Helen Dewey Merrick

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Henry William Merrick
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Lake George, New York
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

5. Date of Birth of Child
(Month, day, year) May 13, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Mary George
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Alton, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 44 years, and that Dr. J. B. Wright, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada M. Merrick Signature

1723 Arthur St. Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1943

(SEAL)

Jim Dille Notary Public, residing at Caldwell, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

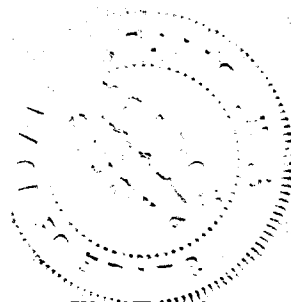
Received for filing on AUG 4 1943 by Mary E. Eden, Registrar.

AUG 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 2 1943

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jemo (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jemo
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Olah Melisa Manning

5. Date of Birth of Child
(Month, day, year)

March 12, 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Manning
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Ontario Canada
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL NAME Mary Melisa Steady
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Manitoba Canada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Idaho
County of Boyer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 45 years, and that Mr. Hiffm mid-wife, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Schofield
2787-31st St Boyer Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 30th day of April, 1943

(SEAL)

Notary Public, residing at Boyer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1943 by Mary E. Elder, Registrar.

375876

JAN 29 1963

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

375938

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
at ranch home
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? _____ yrs.

4. FULL NAME OF CHILD

Myrtle Mamie Rigley

5. Date of Birth of Child

(Month, day, year) August, 21, 18986. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2nd8. No. months of Pregnancy 99. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

William Rigley

11. Color or Race

White

12. Age at time

of THIS birth 29 yrs.

13. Birthplace

Sherman

(City or town)

Texas

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lina May Robertson

17. Color or Race

White

18. Age at time

of THIS birth 19 yrs.

19. Birthplace

Middleton

(City or town)

Idaho

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Address

Date

Midwife

State of Idaho } ss.
County of Canyon }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
above, that I am now 74 years of age, that I have known this person for 40 years, and that

Dr. J. H. Isham who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

William Rigley Signature

418 Blaine St. Caldwell P. O. Address

Subscribed and sworn to before me this 7th day of August, 1943

(SEAL)

Wm. H. Caldwell Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1943 by Mary E. Eder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

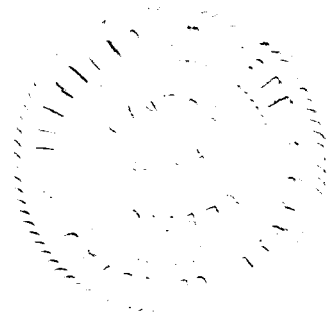
997-231-DK-962

AUG 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

875981

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Cora</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>21</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Cora</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Robert Henry Cockrell</u>		3. RESIDENCE OF FATHER (city, state)	

6. Sex <u>male</u>		7. Twin or Triplet <u>no</u>		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
5. Date of Birth of Child (Month, day, year) <u>Oct. 28, 1898</u>		11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>42</u> yrs.		13. Birthplace (City or town) <u>Missouri</u> (State or foreign country)	

FATHER OF CHILD 10. FULL NAME <u>Columbus Jefferson Cockrell</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace (City or town) <u>Missouri</u> (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Hettie Griner</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace (City or town) <u>Pennsylvania</u> (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. do not know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date

State of Montana County of Flathead } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 45 years, and that Mrs. Eliza Simpson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Walter H. Simpson (Signature)
Walter H. Simpson (Signature) Columbus J. Cockrell (Signature)
Walter H. Simpson (Signature) Whitefish, Montana (Address)
Subscribed and sworn to before me this 10th day of August, 1943
(SEAL) Robert H. Frederick (Signature)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary E. Elder Registrar.
AUG 16 1943

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377233**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Dewey Maine Craner

6. Sex _____

7. Twin of _____ If so—born
Trip'et _____ 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Harrison Craner

11. Color white 12. Age at time _____ yrs.
or Race _____ of THIS birth

13. Birthplace Richmond Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Sheepman

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 3 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) _____ (Date received) _____
(b) _____ (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? _____ yrs.

(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

5. Date of Birth _____
(Month, day year) May 8-1898

8. No. months _____ of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosena Ree

17. Color white 18. Age at time _____ yrs.
or Race _____ of THIS birth

19. Birthplace Grantsville Utah
(City or town) (State or foreign country)

20. Exact Occupation _____

21. Industry or Business _____

25. Attendant's _____ M.D.
OWN signature _____ (D.O., Midwife, etc.)

and address _____ Date _____

State of Idaho } ss.
County of Twin Falls

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Wells, being first duly sworn, say that I am related to
A Dewey Maine Craner as sister (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Armintha Craner, who attended

said birth, is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Edith Craner Wells Signature

Twin Falls Idaho P.O. Address

Subscribed and sworn to before me on this 21st day of August, 19xx 43

(SEAL)

My Commission Expires Aug. 1, 1945

Notary Public, residing at Twin Falls Idaho

AUG 27 1943

JAN 4 - 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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FEB 27 1952

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-266-D10-566

377246

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Alice Luella Hall
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
6. Sex Female

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls
5. Date of Birth of Child (Month, day, year) June 6, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Emery J. Hall
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Camont Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Johanna Hook
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Lucester England (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____ Midwife _____

AFFIDAVIT

State of Idaho } ss.
County of Jefferson }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 45 years, and that Mr. Pendleton (First name) (Last name), who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Mrs. Anna P. Anglesey Signature
Rigby Route #2 Idaho P. O. Address
Subscribed and sworn to before me this 23rd day of August, 1943.
(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

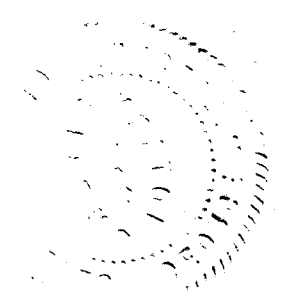
Received for filing on AUG 25 1943 by Mary E. Elder Registrar.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155-213-236-154
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377319**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mary Annette Jensen
5. Date of Birth of Child (Month, day, year) Nov 13 1898
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Amos B.C. Jensen
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Christena Andreson
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Bear River City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 8 P. M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Jensen (Last name)
who is related as Mother (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

- State of Idaho ss.
County of Franklin

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 66 years of age, that I have known this person for 45 years, and that Garry McQueen who attended this birth Deceased I further (First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Mary Christena Andreson Signature
Preston Parks P. O. Address

- Subscribed and sworn to before me this _____ day of December, 1943
(SEAL) Alfred H. Haves Notary Public, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

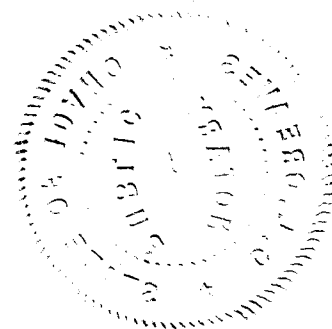
- Received for filing on AUG 27 1943 by Mabel P. Haves Registrar.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-218422-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377411**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home

(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. R.F.D.

(e) How long has MOTHER lived in Idaho? .. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

James Green

7. Twin or Triplet If so—born 1st, 2nd, 3rd

6. Sex male

5. Date of Birth of Child (Month, day, year) Feb. 18 - 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jeremiah Smyth Green

11. Color or Race white 12. Age at time of THIS birth 39 yrs.

13. Birthplace Kittanning Penn.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Janet Pulley

17. Color or Race white 18. Age at time of THIS birth 39 yrs.

19. Birthplace American Fork Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY that I attended the birth of this child, who was born alive at 7 A.M. on the date

and at the place stated above, and that personal particulars were furnished by Mrs. Mahaley Pulley Paul

who is related as Aunt (mother is deceased)
(Mother, etc.) (First name) (Last name)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Idaho County of Jerome ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that

Mrs Lydia Pulley who attended this birth as midwife is deceased

(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mahaley Pulley Paul Signature
Hagerman, Idaho P.O. Address

Subscribed and sworn to before me this first day of September, 1943

(SEAL) Estelle H. Pierce Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1943 by Mahaley Pulley Paul Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only **PLAIN** ink, or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-227-240-434

377438

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 11 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wallace, Idaho
5. Date of Birth of Child (Month, day, year) July 27, 1898
6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? Yes
10. **FULL NAME OF CHILD** Gladys Magdalene McKay
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Stellarton, Nova Scotia, Canada (City or town) (State or foreign country)
14. Exact Occupation Engineer, Northern Pacific Railway
15. Industry or Business Railroad

FATHER OF CHILD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Mary McDonald
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace New Ireland, New Brunswick, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

- State of Idaho } ss.
County of Shoshone }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for 45 years, and that
Dr. Charles V. Genaway, who attended this birth is now deceased, I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Catherine M. McKay Signature
1315 W. Fourth, Spokane, Wash P. O. Address

- Subscribed and sworn to before me this 2nd day of September, 1943.
(SEAL) Cliff Enbom, Notary Public, residing at Wallace, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

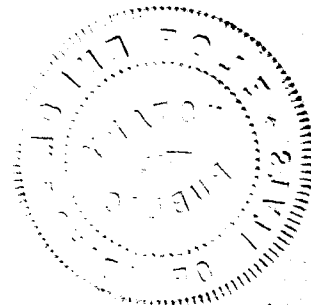
Received for filing on SEP 8 1943 by Mary E. Jensen, Registrar.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

169-211-006-795

377472

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bingham (b) City Riverside
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____
At family home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 11 years 7 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City (Town) Riverside
(d) Street Address or R.F.D.No. _____
(e) How long has MOTHER lived in Idaho? 11 yrs.
(f) Mother's mailing address Riverside, Idaho

3. RESIDENCE of FATHER (city, state) Riverside Idaho

4. FULL NAME OF CHILD

Lillie Jordan

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Hyrum Jordan

11. Color White American 12. Age at time of THIS birth 42 yrs.

13. Birthplace Heber City, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth Given

17. Color White American 18. Age at time of THIS birth 31 yrs

19. Birthplace Heber City, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

SEP 10 1943

26. (a) _____ (Date received) (b) Martha Robinson (Mother, etc.) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

and address _____ Date _____

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agnes J. Harrison, being first duly sworn, say that I am Related to Lillie Jordan, Miller as Aunt (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Martha Robinson (Name of attendant at birth), who attended

said birth Now Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 3rd day of September, 1943

(SEAL)

C. H. Boyette

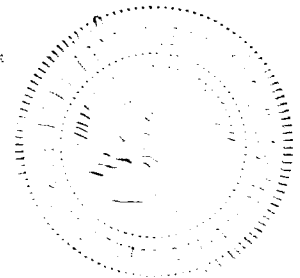
Signature _____
P. O. Address 1001 N. Tamarind St. Compton, Calif.
Notary Public, residing at Compton, Calif.
Comm. Expires 6/1/44

NOV 2 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377490**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Shoshone** (b) City **Gem**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **18** years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **Gem**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **51** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Gem**

4. **FULL NAME OF CHILD** **Byron Mallory Fleming**
5. Date of Birth of Child **Apr 20th 1898**
(Month, day, year)
6. Sex **male**
7. Twin or Triplet **Single** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9**
9. Legitimate? **yes**

- FATHER OF CHILD**
10. **FULL NAME** **Clarence James Fleming**
11. Color **white** or Race **Ohio**
12. Age at time of THIS birth **39** yrs.
13. Birthplace **Ohio**
(City or town) (State or foreign country)
14. Exact Occupation **Merchant**
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Martha Jane Jones**
17. Color **white** or Race **Pennsylvania**
18. Age at time of THIS birth **39** yrs.
19. Birthplace **Pennsylvania**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Unknown**
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature **Idaho** M.D. Address Date
Shoshone Midwife

- State of **Idaho** } ss. **AFFIDAVIT**
County of **Shoshone**
- Half** (To be completed when the attendant does not sign in Item 25.)
Brother
- I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
above, that I am now **62** (Mother, etc.) **Since birth** years of age, that I have known this person for years, and that
Mrs. Hummel (First name) (Last name) **dead** who attended this birth. I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws. (Is now deceased) or (Cannot be located)

- Subscribed and sworn to before me this **28th** day of **August**, 19 **43**
(SEAL) **Geo. H. Walker** Signature **Frederic Davis**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) P. O. Address **Wallace, Idaho**

- Received for filing on **SEP 13 1943** by **Wm. H. Holder** Registrar.

AUG 31 1973

SEP 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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236-125-037-655

377578

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Owyhee</u> (b) City <u>De Lamar</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>4</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>De Lamar</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>46</u> yrs.	
4. FULL NAME OF CHILD <u>Russell David Stoddard</u>		5. Date of Birth of Child <u>March 25, 1898</u> (Month, day, year)	
6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William John Stoddard</u>	16. FULL MAIDEN NAME <u>Belle O'Neil</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>24</u> yrs.
11. Birthplace <u>Silver City, Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Tybo, Nevada</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>None</u>
12. Color or Race <u>White</u>	13. Age at time of THIS birth <u>24</u> yrs.	22. Exact Occupation <u>Housewife</u>	23. Industry or Business <u>None</u>
14. Exact Occupation <u>Minor</u>	15. Industry or Business <u>None</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Owyhee }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 45 years, and that Mrs. David O'Neil who attended this birth Now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Wm J. Stoddard Signature
242 - 7th St - 3rd North P. O. Address
Salt Lake City Utah

Subscribed and sworn to before me this 9th day of September, 1943.
(SEAL) W. A. Lewis, Probate Judge, Owyhee County, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by Mal Hedges, Registrar.

SEP 18 1943

APR 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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336-127-43-255
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377590**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Valley</u> (b) City <u>Vanwyck</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>10</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Valley</u> (c) City <u>Vanwyck</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>47</u> yrs.	
4. FULL NAME OF CHILD <u>Oscar Lloyd</u>		5. Date of Birth of Child (Month, day, year) <u>June 22, 1898</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Calvin Lloyd</u>		16. FULL MAIDEN NAME <u>Martha Elisabeth Keeney</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>22</u> yrs.	
13. Birthplace <u>Union Oregon</u> (City or town) (State or foreign country)		19. Birthplace <u>Halasy Oregon</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as
(First name) (Last name)
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Oregon } ss.
County of Jackson }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 75 years of age, that I have known this person for 45 years, and that
Emma Kimball who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Martha E Dehaas Signature
R.R.1, Box 517, Central Point, Oregon O. Address

Subscribed and sworn to before me this 16 th. day of Sept., 1943.
(SEAL) Henry J. J. J. Notary Public, residing at Central Point, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires January 17, 1947

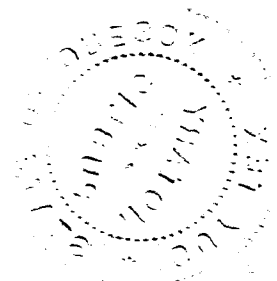
Received for filing on SEP 20 1943 by Martha E Dehaas Registrar.

SEP 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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378799

791-210-009-381
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Idaho
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:

In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
 (c) City
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Velma Piatt

5. Date of Birth of Child Feb. 10th 1898
 (Month, day, year)

6. Sex F

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Abraham Piatt

11. Color white
or Race

12. Age at time
of THIS birth yrs.

13. Birthplace

(City or town)

Ohio
(State or foreign country)

14. Exact

Occupation

Logging

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Thatcher

17. Color white
or Race

18. Age at time
of THIS birth yrs.

19. Birthplace

(City or town)

Ohio
(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

alive

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
 who is related as
 (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Address

Date

Midwife

State of WisconsinCounty of Dunn ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4,
 above, that I am now 67 years of age, that I have known this person for 45 years, and that

Rose

(First name)

Piatt

(Last name)

who attended this birth Cannot be located I further

(If now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

NOTARY PUBLIC
 MY COMMISSION EXPIRES JAN. 21, 1945

Subscribed and sworn to before me this 21st day of Feb., 1938

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 1-914, Idaho Code Annotated.)

Boysceville, Wisconsin. Signature
Boyceville, Wisconsin. P. O. Address

Received for filing on SEP 24 1943 by Mabel H. H. H. Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

331 204001 331

378826

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 378826

1. PLACE OF BIRTH
County Ada
City of Star Idaho
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

Iva Lena Clark

3. Sex FM If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate? yes 8. Date of birth Sept 4 1898 (Month, Day, Year)

9. Full name Jessie S Clarke FATHER
10. Residence (usual place of abode) Ada County
(If non-resident give place and State) Ada County
11. Color or race W 12. Age at last birthday 31 (years)
13. Birthplace (city or place) Indianapolis
(State or Country) Ind. Valley
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 6 yrs.

18. Full maiden name Mona A. Clark MOTHER
19. Residence (usual place of abode) Ada County
(If non-resident, give place and State) Ada County
20. Color or race W 21. Age at last birthday 22 (years)
22. Birthplace (city or place) Ada County
(State or Country) Idaho
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house keeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 6 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? usual
28. Number of children of this mother (At time of this birth and including this child) Sept 4 1898
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sept 4 1898 at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) W. B. Bull M. D.

or _____, Midwife

Address 1615 N 16th St

Filed Oct 6 1913, 193 _____

Registrar.

Malcolm H. Bull Registrar.

8161

9 150

350078

12

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

963-118025-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

378868
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville-Id.

5. Date of Birth of Child
(Month, day, year) Oct-18-1898

4. FULL NAME OF CHILD

Clarence Herwin Rothwell

6. Sex Male 7. Twin or Triplet - If so, born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Herwin Rothwell
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Muskegon, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Various

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Chenoweth
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was - at - M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by -, who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature - (Mother, etc.)

M.D. Address Date
Midwife -

State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 44 years, and that Dr. W. F. Shawley, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Herwin Rothwell Signature
Grangeville-Idaho P. O. Address

Subscribed and sworn to before me this 23 day of September, 1943

(SEAL) J. Manning Notary Public, residing at Grangeville-

(Note: Perjury is punished as a felony in Idaho; see Sec. 17814, Idaho Code Annotated.)

Received for filing on SEP 23 1943 by Marshall H. Eldon, Registrar.

SEP 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354 204 029 693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **378896**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County LATAH (b) City MOSCOW (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: GRITMAN'S HOSPITAL (e) Mothers stay BEFORE delivery: In THIS county years 10 months 10 days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State IDAHO (b) County LATAH (c) City MOSCOW (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 10 yrs.	
4. FULL NAME OF CHILD MARGARET HELEN LEUSCHEL 7. Twin or Triplet 8. No. months of Pregnancy 9		5. Date of Birth of Child (Month, day, year) AUG. 4, 1898 9. Legitimate? YES	
6. Sex FATHER OF CHILD 10. FULL NAME PAUL CARL LEUSCHEL 11. Color or Race WHITE 12. Age at time of THIS birth 35 yrs. 13. Birthplace ANNABERG GERMANY (City or town) (State or foreign country) 14. Exact Occupation BANK CASHIER 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME EMMA WILLATOWSKI 17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs. 19. Birthplace REIL GERMANY (City or town) (State or foreign country) 20. Exact Occupation Housewife 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of **IDAHO** } ss.
County of **NEZ PERCE**

I, the undersigned, being first duly sworn, say that I am the **BROTHER (HALF)** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **FIFTY THREE (53)** years of age, that I have known this person for **FORTY-FIVE (45)** years, and that
DR. C. L. GRITMAN (First name) (Last name) who attended this birth **IS NOW DECEASED** I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

OTTO H. LEUSCHEL Signature
600-3rd Ave. Lewiston Idaho P. O. Address

Subscribed and sworn to before me this **20th** day of **September**, 19**43**
(SEAL) **Helen Swanson** Notary Public, residing at **Lewiston, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on **OCT 2 1943** by **Helen Swanson** Registrar.

6781 7 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-216006-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 378911
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Firth</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>13</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Firth</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Bertha Firth</u>		3. RESIDENCE OF FATHER (city, state) <u>Firth, Idaho</u>	

5. Date of Birth of Child (Month, day, year) <u>Aug. 16, 1898</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Lorenzo Jacob Firth</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Yorkshire, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Dorcas Martin</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>Boston, Massachusetts</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
--	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>8</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss.
County of Bingham

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 45 years, and that Mrs. Sessions who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

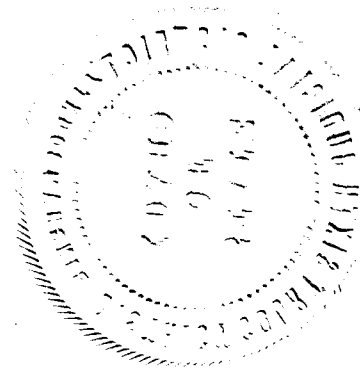
Subscribed and sworn to before me this 28th day of September 1943
John H. Falk, Clerk of District Court, in and for Bingham County, Idaho.
 By Joyce Womack Deputy
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Received for filing on OCT 4 1943 by Mary Elder, Registrar.

OCT 4 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

439-103 035-719

378972

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez. Perces</u> (b) City <u>Waha Lake</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Child born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perces</u> (c) City <u>Waha Lake</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Lee Dewy Mc Intire</u>		3. RESIDENCE OF FATHER (city, state) <u>Waha Lake, Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>June 3, 1898</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>9 mo.</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Mc Clellen Mc Intire</u>		16. FULL MAIDEN NAME <u>Minnie Parsons</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>34</u> yrs.		18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace <u>Montezuma, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Marysville, Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Miller</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Sawmill operator</u>		21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>Yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

State of WASHINGTON } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for his lifetime years, and that Mrs. Flynn (First name) (Last name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Minnie McIntire Signature
206 E. Pine, Yakima, Wash. P.O. Address
October 4th 1943
Subscribed and sworn to before me this 4th day of _____, 1943.
(SEAL) Gdalen W. Murphy Notary Public, residing at Yakima.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

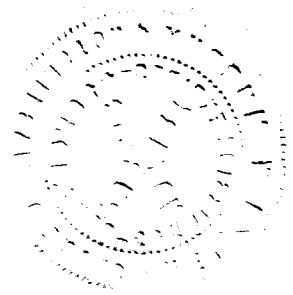
Received for filing on Oct 6 1943 by Mabel H. Blaker Registrar.

1943 8 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 225026 816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **380434**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Memano
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City Memano
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lillian Annie Hardy

6. Sex Female 7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Dec 25-1898

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Alvin Hardy
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Weber Valley Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer & Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Eliza Hawker
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Birmingham - England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Memano, Idaho M. on the date (Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Mary Anderson, who is related to this child as sister (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mary Anderson ~~Midwife~~ Address 651 So Main, Pocatello Date Oct-9-43

State of Idaho County of Pannock } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 43 years, and that Dr. Baugh (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Anderson Signature
651 So Main - Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 15th day of October, 19 43
(SEAL) S. L. Howell Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1943 by Mary F. Elder Registrar.

Oct 2 8 1936

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 109 009 -216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **380510**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Ken delivery
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months 4 days 20

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Ken delivery
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child Mar 9-1895
(Month, day, year)
6. Sex Male 7. Twin or Triplet _____ If so born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9- 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME George Monroe Harvey
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Graffenburg Vermont
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Lettie Levele Safford
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Burrows Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Spokane

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 44 years, and that Mrs. Le Huguet who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Monroe Harvey Signature
E. 3717 34th Ave., Spokane, Washington P. O. Address
Subscribed and sworn to before me this 17th day of November, 1942.

(SEAL) Harry J. Devenport Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by _____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-206030-954
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

380574
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LEMHI</u> (b) City <u>YEARIANVILLE</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LEMNI</u> (c) City <u>YEARIANVILLE</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>WILMA GERTRUDE STROUD</u>		3. RESIDENCE OF FATHER (city, state) <u>SAME</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>FEBRUARY 6, 1898</u>	
7. Twin or Triplet <u>Twin</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>THOMAS JOHN STROUD</u>		16. FULL MAIDEN NAME <u>SARAH GERTRUDE REDDINGTON</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>SPRINGFIELD MISSOURI</u> (City or town) (State or foreign country)		19. Birthplace <u>DUQUOIN ILLINOIS</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>RANCHER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business <u>RANCHING</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>0</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 43 years, and that DR. WHITWELL (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Reddington Stroud Signature

SALMON, IDAHO

P. O. Address

Subscribed and sworn to before me this 28th day of NOVEMBER, 1942

(SEAL)

M. A. C. M. B. S.

Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by M. A. C. M. B. S., Registrar.

FEB 17 1961

AUG 26 1970

1961

NOV 2 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-120 ODS-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **380695**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>nil</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
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4. FULL NAME OF CHILD <u>Archie Clelmon Zehner</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 20, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Owen Zehner</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>37</u> yrs. 13. Birthplace <u>Lawrence Co. Ill.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Sauvel (Zehner)</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>37</u> yrs. 19. Birthplace <u>Wood, Texas U. S. A.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho }
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 45 years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Archie Clelmon Zehner

Signature

Grangeville, Idaho

P. O. Address

Subscribed and sworn to before me this 16th day of October, 1943.

(SEAL)

Dorothy T. Altman

Notary Public, residing at Grangeville,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

Received for filing on NOV 17 1943 by Registrar.

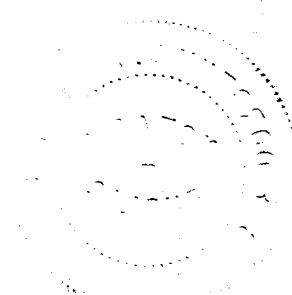
MAR 10 1970

8601 41 AQW

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **381803**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **Bingham** (b) City **Shelley**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **At residence of mother**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **5** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Bingham**
(c) City **Shelley**
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? **48** yrs.

4. **FULL NAME OF CHILD** **Frahncis Vern Munsee**

5. Date of Birth of Child (Month, day, year) **April 15, 1898**

6. Sex **male** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME** **Charles Franklin Munsee**
11. Color or Race **white** 12. Age at time of THIS birth **30** yrs.
13. Birthplace **Ogden Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Catherine Clark**
17. Color or Race **white** 18. Age at time of THIS birth **24** yrs.
19. Birthplace **Mountain Green, Utah**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child **two** (b) Born alive and now living **five**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of **Idaho**
County of **Bingham** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **75** years of age, that I have known this person for **all his life** years, and that **Eliza Jemmett** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Charles Franklin Munsee Signature
Idaho Falls, Idaho, RFD 3 P. O. Address

Subscribed and sworn to before me this **15th** day of **November**, 19 **43**

(SEAL)

L. D. Jensen Notary Public, residing at **Shelley, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 914, Idaho Code Annotated.)

Received for filing on **NOV 23 1943** by *Mary J. Jensen* Registrar.

808153

NOV 28 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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412-218,040-366

381842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Mullan</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>our Private home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>10</u> months <u>14</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Mullan</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Edith Marie Massing</u>		3. RESIDENCE OF FATHER (city, state) <u>Died Sept 4, 1916.</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9 months</u> Legitimate? <u>yes</u>		5. Date of Birth of Child (Month, day, year) <u>July 18, 1898.</u>	
FATHER OF CHILD 10. FULL NAME <u>Eric Albert Massing</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Stallberg Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Mining</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Hilda Christina Loff.</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Gröningsberg Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife.</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D. Address Date**
Midwife

State of California } ss.
County of San Francisco }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 64 years of age, that I have known this person for 45 years, and that
Doctor Magee, who attended this birth, is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Hilda C. Shea Signature
34-6th St., San Francisco 3, Cal. P.O. Address

Subscribed and sworn to before me this 16th day of November, 1943
(SEAL) Nau E. Sculley Notary Public, residing at San Francisco
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by [Signature] Registrar.

APR 9 1965

DEC 1 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

315-104064-997

381861

381861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home.</u> (e) Mothers stay BEFORE delivery: In THIS county <u>App. 19</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>App. 19</u> yrs.	
4. FULL NAME OF CHILD <u>William Henry Langroise</u>		5. Date of Birth of Child (Month, day, year) <u>9/4/1898</u>	
6. Sex <u>Male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9Mos.</u> 9. Legitimate? <u>Yes</u>	
3. RESIDENCE OF FATHER (city, state) <u>Emmett, Idaho.</u>			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Charles Langroise</u>		16. FULL MAIDEN NAME <u>Idaho May Riggs</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>25</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>19</u> yrs.
13. Birthplace <u>Granite Creek, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Emmett, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Merchant</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 45 years, and that Mrs. Charles Oakes, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Riggs Langroise Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of December, 1943.
(SEAL) MR. Brou Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

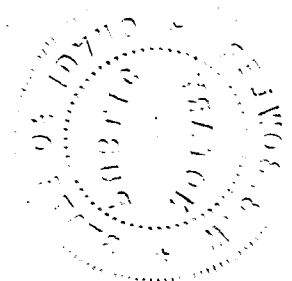
DEC 24 1974

DEC 8 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141-227-019-813

381983

381883

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 47 yrs.

4. **FULL NAME OF CHILD** Mary Julia Adams
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Female

3. **RESIDENCE OF FATHER** (city, state) Challis Idaho
5. Date of Birth of Child (Month, day, year) Nov. 27, 1898
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Quincy Adams
11. Color or Race white 12. Age at time of THIS birth about 52 yrs.
13. Birthplace Mass - Boston (think)
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Isabella Romenia Halloran
17. Color or Race white 18. Age at time of THIS birth about 34 yrs.
19. Birthplace New Orleans
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Custer

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
above, that I am now 50 years of age, that I have known this person for since birth years, and that
Jennie Dodge who attended this birth. deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Address P. O. Challis, Idaho Chas Adams Baxter Signature

Subscribed and sworn to before me this 7 th day of December 19 43.
(SEAL) Mary Nichols Probate Judge residing at Challis.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1943 by Mary Holder Registrar.

DEC 2 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. _____
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City or town <u>Arrow Junction</u> <small>(If outside city or town limits, write RURAL)</small> (c) Name of hospital or institution: <u>At Home</u> <small>(If not in hospital or institution, give street number or location)</small> (d) Mother's stay before delivery: In hospital or institution <u>- - -</u> In this community <u>39</u> <small>(Specify whether years, months, or days)</small>		2. USUAL RESIDENCE OF MOTHER: (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City or town <u>Arrow Junction</u> <small>(If outside city or town limits, write RURAL)</small> (d) Street No. _____ <small>(If rural, give location)</small>	
--	--	--	--

3. Full name of child <u>William Nicodemus Stevens</u>			4. Date of birth <u>Nov. 24, 1898</u> <small>(Month) (Day) (Year)</small>		
5. Sex: <u>Male</u>	6. Twin or triplet <u>- - - - -</u> If so—born 1st, 2d, or 3d <u>- - - - -</u>	7. Number months of pregnancy <u>9</u>	8. Is mother married? <u>Yes</u>		

FATHER OF CHILD			MOTHER OF CHILD		
9. Full name <u>Nicodemus Stevens</u>			15. Full maiden name <u>Lucy Nicodemus</u>		
10. Color or race <u>Indian</u>			16. Color or race <u>Indian</u>		
11. Age at time of this birth <u>45</u> yrs.			17. Age at time of this birth <u>39</u> yrs.		
12. Birthplace <u>Idaho</u> <small>(City, town, or county)</small>			18. Birthplace <u>Montana</u> <small>(City, town, or county)</small>		
13. Usual occupation <u>Farmer</u> <small>(State or foreign country)</small>			19. Usual occupation <u>Housewife</u> <small>(State or foreign country)</small>		
14. Industry or business _____			20. Industry or business _____		
21. Children born to this mother: (a) How many other children of this mother are now living? <u>4</u> (b) How many other children were born alive but are now dead? <u>1</u> (c) How many children were born dead? <u>none</u>			22. Mother's mailing address for registration notice: <u>Delayed Certificate</u>		

23. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>2:00p</u> m. on the date above stated and that the information given was furnished by <u>Lucy Nicodemus Types</u>		related to this child as <u>Mother</u>	
24. Date received by local registrar _____		Attendant's own signature <u>Lucy N. Types</u>	
25. Registrar's own signature _____		M. D., midwife, or other <u>Mother</u> Date signed <u>12/6/43</u>	
26. Date on which given name added _____ by _____ <small>(Registrar)</small>		Address <u>Julietta, Idaho</u>	

8-6016

U. S. GOVERNMENT PRINTING OFFICE 16-13402

This is to certify that the information furnished above is from the records of this agency and the statements of the Mother of William N. Stevens

A. G. Wilson
Superintendent
Northern Idaho Indian Agency
Lapwai, Idaho
December 7, 1943

Witness to thumb print

Carl Hartman
Joseph T. Hudson

DELAYED

Notarized at
Northern Idaho, Idaho County
November 7, 1938
A. A. [Signature]
Notary Public
This is to certify that the information
furnished above is from records
of the [Signature]
[Signature]
[Signature]

Witness to thumb print

Julietta, Idaho

Mother

Lucy N. Types

Mother

2:00p

Lucy Nicholas Types

none

Delayed Certificate

Barst

Idaho

Indian

Nicholas Stevens

Powersville

Montana

Indian

Lucy Nicholas

MOTHER OF CHILD

William Nicholas Stevens

32

At Home

Arrow Junction

Nor Perce

Idaho

Nor Perce

Arrow Junction

STANDARD CERTIFICATE OF LIVE BIRTH

State of Idaho

Now File No.

Registration No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-202-007-253

882031

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 104
Reg. Dist. No. 410

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Agnes Hazel Donnelly

3. **RESIDENCE OF FATHER** (city, state) Hailey, Idaho
5. Date of Birth of Child (Month, day, year) 5-2-1898

6. Sex Female 7. Twin or Triplet No—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Patrick Daniel Donnelly
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace St. Louis, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business _____

16. **FULL MAIDEN NAME** Hattie Bellinger
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Canyon City, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 10A M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hattie Donnelly who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____
Midwife _____ Date _____

State of Idaho } ss.
County of Blaine

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 45 years, and that Mrs. Jim Babits Donnelly (First name) (Last name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Donnelly Signature
Hailey, Idaho. P.O. Address

Subscribed and sworn to before me this 7th. day of December, 1943.
(SEAL) R. N. McCoy Notary Public, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12-7-1943 by Robert H. Wright Registrar.

DEC 2 1 1943

SEP 2 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED

Patrick Donnelly

United States Census, 1900

Name	Patrick Donnelly
Event Type	Census
Event Year	1900
Event Place	Bellevue, Broadford Precincts Bellevue city Ward 1-2, Blaine, Idaho, United States
Gender	Male
Age	39
Marital Status	Married
Race	White
Race (Original)	W
Relationship to Head of Household	Head
Relationship to Head of Household (Original)	Head
Years Married	9
Birth Date	Mar 1861
Birthplace	Missouri
Marriage Year (Estimated)	1891
Father's Birthplace	Ireland
Mother's Birthplace	Ireland

United States Census, 1900

District	23
Sheet	
Number and Letter	5A
Household ID	106
Line Number	15
Affiliate Name	The U.S. National Archives and Records Administration (NARA)
Affiliate Publication Number	T623
GS Film Number	1240232
Digital Folder Number	004113688
Image Number	00193

HOLD AGNES
SHE IS NOT BORN IN 1898
SIBLINGS
1898-382031
1898-335790

Household	Role	Sex	Age	Birthplace
Patrick Donnelly	Head	M	39	Missouri
Hattie Donnelly	Wife	F	32	Oregon
Vivia V. Donnelly	Daughter	F	9	Idaho
Charles D. Donnelly	Son	M	7	Idaho
Agnes H. Donnelly	Daughter	F	4	Idaho
George D Donnelly	Son	M	1	Idaho

Citing this Record

382046

546-209,070-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** CORINNE EDWARDS
5. Date of Birth of Child Dec. 9, 1898
(Month, day, year)

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Edgar Samude Edwards
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Leesburg, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business Ranching

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maude Elizabeth Johnson
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Corinne, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lemhi

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4,
above, that I am now 73 years of age, that I have known this person for 45 years, and that
Dr. Kinney who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Edgar Samude Edwards
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of December, 1943.
(SEAL) [Signature] Notary Public, residing at Salmon, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1943 by Malcolm Helder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1966

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813 716 008 438

383 v35

383235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? Eleven yrs.3. RESIDENCE OF FATHER (city, state) Van Wyck Idaho4. FULL NAME OF CHILD Roy Edward Hall5. Date of Birth of Child (Month, day, year) Nov. 16 18986. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Hall
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Nashville Tenn.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza Bell McCrean
17. Color or Race White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Louisville Kentucky
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child twelve (b) Born alive and now living eleven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature Sarah Day M.D. MidwifeAddress basead Idaho DateState of ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 24 day of Jan., 1934

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1944 by Mabel Helder, Registrar.

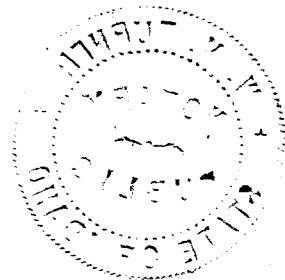
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-209036-236

383337

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ONEIDA (b) City FRANKLIN
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 24 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ONEIDA
(c) City FRANKLIN
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

4. **FULL NAME OF CHILD** RUBYNETT CHATTERTON
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) FRANKLIN IDAHO
5. Date of Birth of Child (Month, day, year) JUNE 9 1898
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** JOSEPH CHATTERTON
11. Color or Race WHITE 12. Age at time of THIS birth 48 yrs.
13. Birthplace BARNESLEY ENGLAND
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** ELIZABETH MARIA STONES
17. Color or Race WHITE 18. Age at time of THIS birth 43 yrs.
19. Birthplace ALTON ILL.
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of IDAHO } ss.
County of FRANKLIN

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4,
above, that I am now 69 years of age, that I have known this person for 45 years, and that
ELLEN (First Name) MORGAN (Last name), who attended this birth DECEASED I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Edyabell M Chatterton Whitehead Signature
P. O. Address

Subscribed and sworn to before me this 11 day of Jan, 1944
(SEAL) [Signature] Notary Public, residing at Presley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

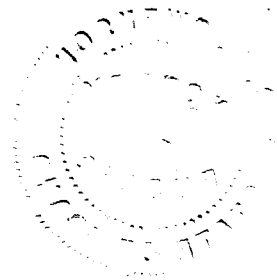
Received for filing on JAN 17 1944 by [Signature] Registrar.

JAN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299-109 025 995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **384446**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: 19 years 21 months 21 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Emery Lloyd Briscoe

5. Date of Birth of Child Apr. 9th. 1898
(Month, day, year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Burgin Briscoe
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Bentonville, Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Riebold
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Nevada City, Calif.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 44 years, and that , who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of March, 1943.

(SEAL) Wm B Briscoe Signature
Grangeville Idaho P. O. Address
Wm B Briscoe Notary Public, residing at Grangeville, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1944 by Wm B Briscoe, Registrar.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. A COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433 111 026 363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384459
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Barfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery:
In THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Barfield
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.

4. FULL NAME OF CHILD Maldon Mason McCullough
7. Twin or Triplet
8. Sex Male
9. Date of Birth of Child (Month, day, year) FEB 11 - 1898
10. No. months of Pregnancy 9
11. Legitimate? Yes

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child (Month, day, year) FEB 11 - 1898
6. No. months of Pregnancy 9
7. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John McCullough
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Harrisonville Utah
(City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME KATHERIN COLE
17. Color or Race White
18. Age at time of THIS birth 28 1/2 yrs.
19. Birthplace Idaho Falls Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of County of ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 47 years, and that I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Howell
904 No Blvd. Idaho Falls, Id. P. O. Address
Signature

Subscribed and sworn to before me this 26th day of January, 1944.
(SEAL) Notary Public, residing at Idaho Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

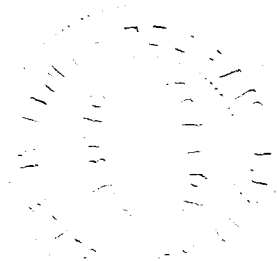
Received for filing on JAN 28 1944 by Mary Elder Registrar.

AN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

754 228006 666

384512

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 24 1944

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Moreland</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at private home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Moreland</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10 yrs.</u> yrs.	
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4. FULL NAME OF CHILD <u>Lenald Kate Geddes</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 28 - 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert Campbell Geddes</u>	16. FULL MAIDEN NAME <u>Kate Woodhead</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>29</u> yrs.
11. Birthplace <u>Plain City</u> <u>Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Kaysville</u> <u>Utah</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>Housewife</u>
14. Industry or Business	22. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Kate Woodhead Geddes who is related as mother (Mother, etc.)

25. Attendant's OWN signature Mary A Hatch *Mary A Hatch* Address 331 N 4 East Date 12144 *Idaho Utah*

State of _____ County of _____ ss. **AFFIDAVIT** (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1944 by Mary A Hatch, Registrar.

FEB 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

113-203003-149

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **384646**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. North First
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. North First
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

4. **FULL NAME OF CHILD** Grace Jackson
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Pocatello Idaho
5. Date of Birth of Child (Month, day, year) Feb. 3-1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert Thomas Jackson
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Levensworth Kansas (City or town) (State or foreign country)
14. Exact Occupation Mechanist O.S. & P.R.
15. Industry or Business Rail Road

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hilda Huiles
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Albion Idaho (City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum. not known
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hilda Jackson (First name) (Last name)
who is related as mother (Mother, etc.)

25. Attendant's Deceased M.D. Address Date
OWN signature Midwife

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 69 years of age, that I have known this person for 46 years, and that
On Leo Castle (First name) (Last name), who attended this birth is now deceased, I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Jackson Signature
232 So Lincoln Ave P. O. Address
February

Subscribed and sworn to before me this second day of February, 1944.
(SEAL) J. A. McQuillen Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1944 by Mabel Helder Registrar.

FEB 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-219 006 649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **384763**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bingham** (b) City **Victor**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **in home**

(e) Mothers stay BEFORE delivery:
In THIS county years **7** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bingham**
(c) City **Victor**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **45** yrs.

4. FULL NAME OF CHILD

Edna May Hendrickson

5. Date of Birth of Child (Month, day, year) **MAY-19-1898**

6. Sex **Female** 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **William Hendrickson**

11. Color or Race **white** 12. Age at time of THIS birth **36** yrs.

13. Birthplace **Harrison County Iowa**
(City or town) (State or foreign country)

14. Exact Occupation **farmer**

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Isabelle Furniss**

17. Color or Race **white** 18. Age at time of THIS birth **20** yrs.

19. Birthplace **Grass Valley Utah**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **One** (b) Born alive and now living **Six**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **Idaho Gooding** M.D. Address Date
Midwife

State of **Idaho** County of **Gooding** ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,
above, that I am now **65** years of age, that I have known this person for **45** years, and that

Isabel J. Furniss (First name) (Last name), who attended this birth **is now deceased** I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Isabell. Blanchard Signature

Hagerman Idaho P. O. Address

Subscribed and sworn to Before me this **11th** day of **February**, 19**44**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 17 1944** by **Mary Helder** Registrar.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



385977

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cedar Creek
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cedar Creek
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Cedar Creek, Idaho

4. **FULL NAME OF CHILD** Gordon Alvin Needham
5. Date of Birth of Child Sept. 8, 1898
(Month, day, year)
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Jackson Downing Needham
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Near Springfield, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Zora Taylor Magee
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Alton, Ill.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Shoshone

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Half-sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 55 years of age, that I have known this person for 45 years, and that
Mrs Ette Crisp who attended this birth is now deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Viola M. West Signature
Box 451 Kellogg, Idaho P.O. Address

Subscribed and sworn to before me this 26 day of February, 19 44
(SEAL) Mary M. Stout Notary Public, residing at Kellogg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires July 30, 1945

Received for filing on MAR 6 1944 by Mary M. Stout Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1947

AUG 23 1961

MAR 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

386031

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lincoln
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lincoln, Ida.

4. **FULL NAME OF CHILD** Roland Asher Stewart
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Sept. 20, 1898

FATHER OF CHILD
10. **FULL NAME** James Stewart
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace San Bernardino, California
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alameda Evans
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Weston, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 45 years, and that Dr. Wilson, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie E. Stewart - Harris Signature
1221 Bannock Street, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of February, 1944
(SEAL) [Signature]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by [Signature], Registrar.

MAR 8 - 1944

MAR 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386046

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City Robin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ON RANCA
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County BANNOCK
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 YEARS yrs.

3. RESIDENCE OF FATHER (city, state) SAME4. FULL NAME OF CHILD NEWELL R. MAYNE LONG

5. Date of Birth of Child DEC. 7, 1898
(Month, day, year)

6. ~~SEX~~ MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Addison I. Long
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace SOUTHERN - MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation MILLER
15. Industry or Business FLOUR Mill.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Adelaide Stinger
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace OGDEN UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (ELEVEN) 72
23. Number of children of this mother: (a) At time of birth and including this child FIVE (b) Born alive and now living FIVE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 53 years of age, that I have known this person for SINCE BIRTH years, and that
NANCY (First name) MORLEY (Last name), who attended this birth DECEASED, I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 4th day of March, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 10 1944

My Commission Expires Jan. 11, 1946

Registral.

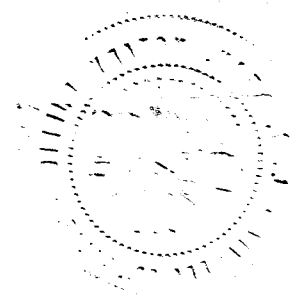
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
Born at home residence
(e) Mothers stay BEFORE delivery:
In THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Rigby, Idaho

4. FULL NAME OF CHILD Matilda Florence Lowder
5. Date of Birth of Child (Month, day, year) Dec. 25, 1898
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Henry Grant Lowder</u>	16. FULL MAIDEN NAME <u>Mary Elizabeth Brown</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>21</u> yrs.
11. Birthplace <u>Richmond Virginia</u> (City or town) (State or foreign country)	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>16</u> yrs.	19. Birthplace <u>Kansas City Missouri</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Farming</u>	21. Industry or Business <u> </u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date

State of California } ss.
County of San Joaquin

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now Seventy years of age, that I have known this person for life time years, and that Doctor - C. G. Paxton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

my commission expires 2-11-44
Ada L. Spracher Signature
705 E. Lindsay Apt 8 P.O. Address
Subscribed and sworn to before me this 7th day of March, 1944 Stockton, Cal.
(SEAL) Lydia Kolcher Notary Public, residing at Stockton, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) San Joaquin county

JUN 1 1947

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Violet</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Violet</u> (d) Street Address or R.F.D. No. <u>—</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Edna Myrtle Hamiston</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 23, 1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George W. Hamiston</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace (City or town) <u>Towa</u> (State or foreign country) 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business <u>Blacksmith</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rosa Bankey Allen</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace (City or town) <u>Humboldt, California</u> 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of Lincoln

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 62 years of age, that I have known this person for 47 years, and that
Mrs. Maggie Allen who attended this birth is Deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Dollie Hames Signature
Mar 20 1944 P.O. Address
Spokane

Subscribed and sworn to before me this 14 day of March, 1944
(SEAL) [Signature] Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

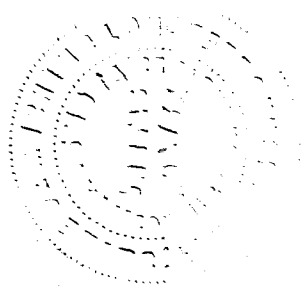
Received for filing on MAR 20 1944 by Mabel Helder Registrar.

MAR 20 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has ~~not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

791-224,008-636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **386180**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Boise (b) City Centerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Andrew's
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Centerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs 4 mo 4 yrs.

4. **FULL NAME OF CHILD**

Amber Ethelene Granger

5. Date of Birth of Child

(Month, day, year) May 24 1939

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**

Homer Clifford Granger

11. Color or Race white

12. Age at time of THIS birth. 36 yrs.

13. Birthplace New Marlboro Mass.
(City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**

Isabelle Flood

17. Color or Race white

18. Age at time of THIS birth. 34 yrs.

19. Birthplace Hemmingford Quebec Canada
(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name)

(Last name)

who is related as

(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho } ss.
County of Boise

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 45 years, and that

Dr. Warren Maxwell
(First name) (Last name)

who attended this birth deceased. I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Homer C. Granger Signature
Idaho City Idaho P. O. Address

Subscribed and sworn to before me this 9th day of March, 1944.

(SEAL)

Larry L. Edmunds Notary Public, residing at Fontana Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1944 by Mabel Elder Registrar.

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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APR 4 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **388651**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City P.O. Cora
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm House
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City P. Office Cora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cora Idaho
5. Date of Birth of Child April 4, 1898
(Month, day, year)

4. **FULL NAME OF CHILD** Lyle Levi Davis
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Jamer Warren Davis
11. Color or Race White 12. Age at time of THIS birth, 23 yrs.
13. Birthplace Anderson California
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lula Mittie Burden
17. Color or Race White 18. Age at time of THIS birth, 23 yrs.
19. Birthplace Sheridan Oregon
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. No Not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

AFFIDAVIT

State of Idaho County of Boise (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 69 years of age, that I have known this person for 46 years, and that
Sarah Burden, who attended this birth, deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Lula Mittie Davis Signature
Fairfield, Idaho P.O. Address
Subscribed and sworn to before me this 10th day of April, 1944.
(SEAL) Leah Cedarholm Notary Public, residing at Swim Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1944 by John F. Bledsoe, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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434-105014-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **388700**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Canyon** (b) City **Caldwell**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. FULL NAME OF CHILD

Wallace W. McDowell

5. Date of Birth of Child

(Month, day, year) **Feb. 5, 1898**

6. Sex **male**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME

Ephraim McDowell

11. Color or Race **W** 12. Age at time of THIS birth **40** yrs.
13. Birthplace **Staten Island, New York**
(City or town) (State or foreign country)
14. Exact Occupation **Engineer R.R.**
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

May Florence Culver

17. Color or Race _____ 18. Age at time of THIS birth **35** yrs.
19. Birthplace **Iowa**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **2 A.M.** on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Mary E. Jones**
who is related as **xxxx family friend** (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature **Mary E. Jones** M.D. Address **301 Dearborn, Caldwell, Ida.** Date **6/1/44**
Midwife

State of **Idaho**
County of **Canyon** ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that
(First name) (Last name) who attended this birth. I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

Kenneth, Washington, R.2 P.O. Address

Subscribed and sworn to before me this **1st** day of **June**, 19 **44**

(SEAL)

Lue A. Kress

Lue A. Kress

Notary Public, residing at **Caldwell, Ida.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 3 1944

by

Mabel H. Elder

Registrar.

FEB 12 1963

JUN 3 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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239-1231035-393

United States

Department of Commerce

Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 388723

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... (b) City Lewiston

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County.....

(c) City Lewiston

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

Herman Stinn

5. Date of Birth of Child
(Month, day, year) Dec. 23, 1898

6. Sex Male

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Stinn

11. Color or Race white 12. Age at time of THIS birth 40 yrs.

13. Birthplace Germany
(City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Running Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Little

17. Color or Race white 18. Age at time of THIS birth 38 yrs.

19. Birthplace Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date

I was not present at the birth, but this family came back to Iowa and at the place stated above, and that personal particulars were furnished by..... shortly after this child was born when we visited them, and I have lived near him ever since.
(Mother, etc.) (Last name)

25. Attendant's OWN signature M.D. Address Date
Iowa
Shelby ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 45 years, and that

Doctor who attended this birth can not be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of April, 1944.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mary Elder, Registrar.

APR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOTED FOR RECORD
APR 24 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-226-044-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **388788**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>unknown</u> (d) Name of Hospital or Maternity Home: <u>at home</u> <u>unknown</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. <u>unknown</u> (e) How long has MOTHER lived in Idaho? <u>about 5</u> yrs.	
4. FULL NAME OF CHILD <u>Bessie Vera Dally</u>		5. Date of Birth of Child (Month, day, year) <u>November 26-1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Milford Austin Dally</u>		16. FULL MAIDEN NAME <u>Hellie Young</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth yrs. <u>28</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth yrs. <u>28</u>
13. Birthplace (City or town) (State or foreign country)		19. Birthplace (City or town) (State or foreign country)	
14. Exact Occupation <u>worked in the mill</u>		20. Exact Occupation <u>Music Teacher</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>four</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of California ss.
County of San Diego

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 74 years of age, that I have known this person for 46 years, and that
Dr. Waterhouse who attended this birth. deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Milford A. Dally Signature
P. O. Address

Subscribed and sworn to before me this 20th day of April 1944 Notary Public
My Commission Expires Jan. 11, 1946 W. Waller Notary Public in and for County of San Diego, State of Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 2704 Palm Ave. La Mesa, Calif.

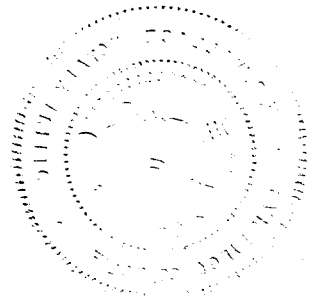
Received for filing on APR 26 1944 by Mary H. Heger Registrar.

APR 22 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **388835**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City near Weston
(c) Street Address or R.F.D. No. PO - Cornish, Ut.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: _____
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City near Weston
(d) Street Address or R.F.D. No. PO-Cornish Ut.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Leslie Howard Anderson
5. Date of Birth of Child (Month, day, year) Feb. 24, 1898
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Rasmus Anderson,
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Farmer & Shoemaker
15. Industry or Business now deceased

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annie Sophia Nelson
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business now deceased.

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 46 years, and that Dr. H. A. Adamson, who attended this birth. is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. W. Anderson Signature

Montpelier, Idaho. P. O. Address

Subscribed and sworn to before me this 21st day of April, 1944

(SEAL) Rosa E. Eke Notary Public, residing at Pocatello, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1944 by Walter H. Elden, Registrar.

MAR 12 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lewis</u> (b) City <u>Nez Perce</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>two</u> years <u>four</u> months <u>19</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lewis</u> (c) City <u>Nez Perce</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>46</u> yrs.	
4. FULL NAME OF CHILD <u>Edward Lewis Mochel</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 11, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>---</u>	8. No. months of Pregnancy <u>?</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Benjamin Franklin Mochel</u>		16. FULL MAIDEN NAME <u>Sarah Jennett Fuller</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>41</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>Maryville, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Cottonville, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Carpenter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>---</u>		21. Industry or Business <u>---</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>I do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>Five</u> (b) Born alive and now living <u>Four</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Midwife **Address** Nez Perce **Date** ---

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 51 years of age, that I have known this person for 45 years, and that
unknown party who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Leonard E. Mochel Signature
Lewiston Idaho P.O. Address
8th day of May, 1944
(SEAL) O. J. Macey Notary Public, residing at Lewiston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAY 17 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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219 121 022-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **389010**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No. Rexburg R. F. D. 2.
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 12 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg, R.2.
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** George Hogan Barber. 5. Date of Birth of Child
(Month, day, year) Oct. 21, 1898

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 7th 8. No. months of Pregnancy 9 9. Legitimate? Yes.

- FATHER OF CHILD**
10. **FULL NAME** John Robert Barber.
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Logan, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emily Anderson.
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Mt. Pleasant, Utah.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho }
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 79 years of age, that I have known this person for 45 years, and that
Caroline Larsen (First name) (Last name), who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Emily Anderson Barber Signature
Rexburg, Idaho. P. O. Address

Subscribed and sworn to before me this 7 day of May, 1944
(SEAL) Lee Sewell Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

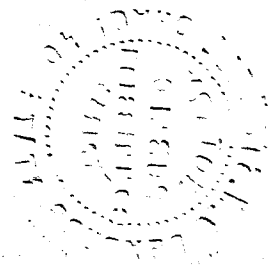
Received for filing on MAY 12 1944 by Mabel Helder Registrar.

MAY 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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546-220 003-155

390145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 735 N. Hayes
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Wyo (b) County

(c) City Rock Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

4. **FULL NAME OF CHILD** Lucille Elizabeth Edwards

5. Date of Birth of Child
(Month, day, year) Mar. 20 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thos. Melancthon Edwards
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Yankton S.D.
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Matilda Jenkins
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace

(City or town) (State or foreign country)
20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bannock

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for 46 years, and that
Dr. H. A. Castle is now deceased, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Margaret Edwards Signature

734 S Hayes P. O. Address

Subscribed and sworn to before me this 25th day of May, 1944 Pocatello, Id.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

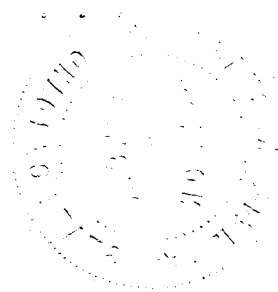
Received for filing on MAY 31 1944 by Mary F. Blain, Registrar.

66-1087
JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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432,207 022-452

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390208**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **Fremont** (b) City **Teton**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **None**

(e) Mothers stay **BEFORE** delivery:

In **THIS** county **10** years **2** months **15** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Fremont**
(c) City **Teton**
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? **Ten** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Teton, Idaho**

5. Date of Birth of Child

(Month, day, year) **July 7, 1998**

4. **FULL NAME OF CHILD**

Lavere McKinlay

6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **James W. McKinlay**
11. Color **White** 12. Age at time of THIS birth **26** yrs.
13. Birthplace **Scotland**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Josephine Dorcas Meservy**
17. Color **White** 18. Age at time of THIS birth **19** yrs.
19. Birthplace **N. Hooper, Weber Co. Utah.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Boric Acid**

23. Number of children of this mother: (a) At time of birth and including this child **One** (b) Born alive and now living **One**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____ Midwife _____

State of **Idaho** }
County of **Fremont** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **65** years of age, that I have known this person for **45 (nearly 46)** years, and that **Mary Sorrensen** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine M. McKinlay Signature
Rexburg, Idaho. P. O. Address

Subscribed and sworn to before me this **19** day of **May**, 19 **44**

(SEAL)

OR Meservy, Probate Judge

Notary Public, residing at **St. Anthony, Ida.**

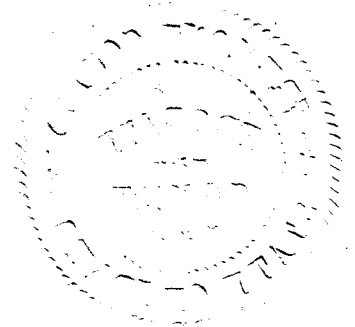
(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)

Received for filing on **JUN 5 1944** by **Mabel H. J.** Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-123022-816

390282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Teton, Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Teton, Idaho (Ranch Home)
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Teton, Idaho (Ranch)
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Teton, Idaho

4. **FULL NAME OF CHILD** Clinton Haws Baker
5. Date of Birth of Child
(Month, day, year) 10-23-1898
6. Sex Male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|--|
| 10. FULL NAME <u>Wlear Baker</u> | | 16. FULL MAIDEN NAME <u>Frances Electa Haws</u> | |
| 11. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>44</u> yrs. | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>24</u> yrs. |
| 13. Birthplace <u>Salt Lake City, Utah</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Mona, Utah</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>Farmer</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u>Farming</u> | | 21. Industry or Business <u>Housekeeping</u> | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

- State of Utah } ss.
County of Salt Lake }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 51 years of age, that I have known this person for 46 years, and that
Mary Sorensen, who attended this birth, is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 16th day of May, 1944.
Residing at Salt Lake City, Utah
(SEAL) Geraldine Lazier, Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

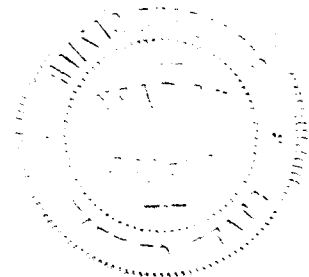
- Received for filing on JUN 9 1944 by Mabel Helder, Registrar

JUN 1 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864-220 001 699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

390312

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
born at home of parents
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Ida (b) County Ada
(c) City Boise
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 + yrs.

4. **FULL NAME OF CHILD**

Carrie Laurina Howe

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** Robert Lincoln Howe
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business Brick layer

3. **RESIDENCE OF FATHER** (city, state) Boise Ida

5. Date of Birth of Child
(Month, day, year) June 20, 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jella H. Wright
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Bath Co. Virginia
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 a M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of California } ss.
County of Sacramento

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for 45 years, and that
Dr. George Hailey who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Jella H. Wright Signature
Modesto Calif. P. O. Address

Subscribed and sworn to before me this seventh day of June, 1944
(SEAL) Paul Chambers Notary Public, residing at Sacramento, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1944 by Mary Helder Registrar.

JUL 8 1 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-202 016 439

(Be sure the information is as of date of birth of THIS child.)

390340

390340

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Family home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Kathryn Jane McBride
Twin or If so—born
Triplet 1st, 2nd, 3rd
5. Date of Birth of Child Feb. 2 1898
(Month, day, year)
6. Sex Female
8. No. months of Pregnancy
9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Heber Kimbal McBride
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Granville Utah
(City or town) (State or foreign country)
14. Exact Occupation Musician
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lillian Elizabeth McDaniel
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace St. Johns Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Midwife

- State of Idaho } ss.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 60 years of age, that I have known this person for life years, and that
Midwife who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 19 day of June, 1944
(SEAL) Pauline Anderson Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

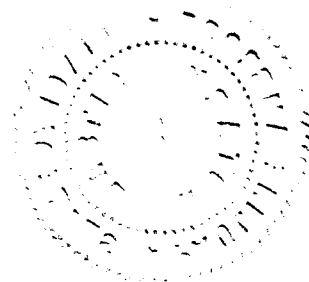
Received for filing on June 19-1944 by Pauline Anderson Registrar.

1901 6 1 NAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-2571-02-2-466

391527

391527

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Hamden
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
N. D.
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 5 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Hamden
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 51 yrs.

4. FULL NAME OF CHILD Margaret J. Gale
1. Twin or Triplet single If so—born 1st, 2nd, 3rd
6. Sex Female

3. RESIDENCE OF FATHER (city, state) N. D.
5. Date of Birth of Child Jan 7-1898
(Month, day, year)
8. No. months of Pregnancy N. D. 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Joseph Gale
11. Color Am. white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Hamden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business do

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Ann Moffat
17. Color Am. white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Hamden, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business do

22. Name prophylactic used to prevent Ophthalmia Neonatorum N. D.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Idaho Address Idaho Date Idaho
Midwife Address Date

State of..... } ss.
County of..... }
APDAVIT to be completed when the attendant does not sign Item 25.

we the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 33-78 years of age, that I have known this person for years, and that we are Parents, who attended this birth..... further state that
(First name) (Last name) (Is now deceased or Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Gale Mary Ann Moffat Signature
Idaho P. O. Address

Subscribed and sworn to before me this 5th day of July, 1944
(SEAL) Arthur S. Sizer Notary Public, residing at Meridian, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 12 1944 by Malcolm P. Elder Registrar.

JUL 1 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

577-109-401-364

391568

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>1898</u> months <u>8</u> days <u>9</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County..... (c) City <u>Boise</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... yrs.	
4. FULL NAME OF CHILD <u>John Walter Epperson</u> 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....		5. Date of Birth of Child (Month, day, year) <u>Aug. 9, 1898</u> 8. No. months of Pregnancy 9. Legitimate?	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>Willie Epperson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth yrs. 13. Birthplace (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Allice Tompson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth yrs. 19. Birthplace (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's
OWN signature..... **M.D.**..... **Address**..... **Date**.....
Midwife.....

AFFIDAVIT

State of Idaho } ss.
County of Adams }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 66 years of age, that I have known this person for..... years, and that
Weddle, Lecta, who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Allice Hawthorn Signature
Council, Idaho, P. O. Address.....

Subscribed and sworn to before me this 24th day of June, 1944
(SEAL) Probate Judge, Idaho residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1944 by Mabel Elder, Registrar.

JUL 2 1954

MAR 2 - 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-24-003-113

391572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 25 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? lifetime yrs.
3. **RESIDENCE OF FATHER** (city, state) Downey, Idaho

4. **FULL NAME OF CHILD** Millie Perthena Pratt
5. Date of Birth of Child (Month, day, year) 1-24-1898
6. Sex Female
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME <u>George M. Pratt</u> | 16. FULL MAIDEN NAME <u>Elvira Ellen Jackson</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>25</u> yrs. |
| 11. Birthplace <u>Bannock, Montana</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Downey, Idaho</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>Housewife</u> |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum. | 23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living. | 24. I HEREBY CERTIFY That I attended the birth of this child, who was. at. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by. (First name) (Last name) who is related as. (Mother, etc.) | 25. Attendant's OWN signature <u>Ellen Barger</u> M.D. Address Date Midwife |

ATTENDANT'S CERTIFICATE

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.
24. I HEREBY CERTIFY That I attended the birth of this child, who was. at. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by. (First name) (Last name) who is related as. (Mother, etc.)
25. Attendant's **OWN** signature Ellen Barger M.D. Address Date Midwife

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for lifetime years, and that Ellen Barger who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George M. Pratt Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June, 1944
(SEAL) [Signature] Notary Public, residing at Downey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

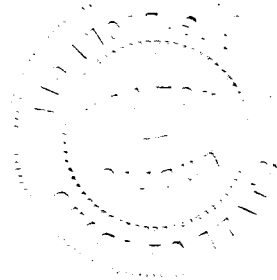
Received for filing on JUN 29 1944 by Mabel Elder Registrar.

JUL 4 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



517-224-20/455

391589

United States (Be sure the information is as of date of birth of THIS child.) State File No.
 Department of Commerce Local Reg. No.
 Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

<p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County <u>Ada</u> (b) City <u>Boise</u></p> <p>(c) Street Address or R.F.D. No. <u>104 N. 5th St.</u></p> <p>(d) Name of Hospital or Maternity Home: <u>104 N. 5th St.</u></p> <p>(e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>3</u> months <u>3</u> days</p>	<p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Ada</u></p> <p>(c) City <u>Boise</u></p> <p>(d) Street Address or R.F.D. No. <u>108 N. 5th</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>Two</u> yrs.</p>
<p>3. RESIDENCE OF FATHER (city, state) <u>Idaho, Boise</u></p>	
<p>4. FULL NAME OF CHILD <u>Martha Mildred Nagel</u></p>	
<p>5. Date of Birth of Child (Month, day, year) <u>2-24-1898</u></p>	
<p>6. Sex <u>Female</u></p>	<p>7. Twin or Triplet</p>
<p>8. No. months of Pregnancy <u>9</u></p>	<p>9. Legitimate? <u>Yes</u></p>
<p>FATHER OF CHILD</p>	
<p>10. FULL NAME <u>John Henry Nagel</u></p>	
<p>11. Color <u>White</u></p>	<p>12. Age at time of THIS birth <u>33</u> yrs.</p>
<p>13. Birthplace <u>Oldenburg Germany</u> (City or town) (State or foreign country)</p>	
<p>14. Exact Occupation <u>Mfg. of Soft drinks</u></p>	
<p>15. Industry or Business <u>Nagel's Soda Water Co.</u></p>	
<p>MOTHER OF CHILD</p>	
<p>16. FULL MAIDEN NAME <u>Louise Adelaïd Unverzagt</u></p>	
<p>17. Color <u>White</u></p>	<p>18. Age at time of THIS birth <u>24</u> yrs.</p>
<p>19. Birthplace <u>Canyon City, Oregon</u> (City or town) (State or foreign country)</p>	
<p>20. Exact Occupation <u>Housewife</u></p>	
<p>21. Industry or Business</p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum</p>	
<p>23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>Yes</u></p>	
<p>ATTENDANT'S CERTIFICATE</p>	
<p>24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)</p>	
<p>25. Attendant's OWN signature</p>	<p>M.D. Address Date Midwife</p>
<p>State of <u>Idaho</u> County of <u>Ada</u> } ss.</p>	
<p>I, the undersigned, being first duly sworn, say that I am the <u>Mother</u> of the person whose name appears in Item 4, above, that I am now <u>69</u> years of age, that I have known this person for <u>45</u> years, and that <u>Dr. George Gollister</u>, who attended this birth <u>deceased</u> I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.</p>	
<p>(First name) (Last name) (Is now deceased) or (Cannot be located)</p>	
<p><u>Mrs. Louise A. Nagel</u> Signature <u>1810 W. Jefferson, Boise</u> P. O. Address</p>	
<p>Subscribed and sworn to before me this <u>25th</u> day of <u>July</u>, 19<u>44</u>.</p>	
<p>(SEAL) <u>Frank M. Taylor</u> Notary Public, residing at <u>Boise, Idaho</u>.</p>	
<p>(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)</p>	
<p>Received for filing on <u>JUL 5 1944</u> by <u>Mabel Helder</u> Registrar.</p>	

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



858-227-010622

391591

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Iona</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Iona</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Margaret Elizabeth Heyrend</u> 7. Twin or Triplet <u> </u> 6. Sex <u>Female</u> If so—born 1st, 2nd, 3rd <u> </u>		5. Date of Birth of Child (Month, day, year) <u>April 27, 1898</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Heyrend</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Raft River, Idaho.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minerva M. Osborne</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Dover Arkansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child <u>1st</u> (b) Born alive and now living <u> </u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

State of Idaho } ss.
County of Jefferson

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all her life years, and that Mrs Sarah Beach who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minerva M. Heyrend Signature
Rigby, Idaho. P.O. Address

Subscribed and sworn to before me this 29th day of June, 19 44
(SEAL) George M. Larson Notary Public, residing at Menan, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

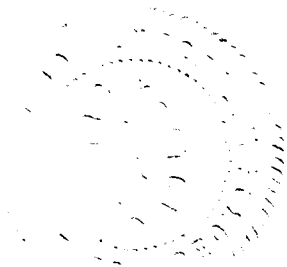
Received for filing on JUL 5 1944 by Mary Elder Registrar.

JUL 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County IDAHO (b) City ELK CITY
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County IDAHO
(c) City ELK CITY
(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state) ELK CITY IDAHO

5. Date of Birth of Child
(Month, day, year) SEPT. 4 1898

4. FULL NAME OF CHILD SARAH HELEN LEE LITCHFIELD

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN CHARLES LITCHFIELD

11. Color or Race WHITE 12. Age at time of THIS birth..... yrs.

13. Birthplace..... (City or town) ENGLAND (State or foreign country)

14. Exact Occupation RANCHER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SARAH ELIZABETH SMITH

17. Color or Race WHITE 18. Age at time of THIS birth..... yrs.

19. Birthplace..... (City or town) SAN FRANCISCO CALIFORNIA (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's signature OWN M.D. Address Date
Midwife

State of California } ss.
County of San Bernardino

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, (Mother, etc.)

above, that I am now 59 years of age, that I have known this person for 46 years, and that

Dr Cullen, who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Neil M Painter
1260 Conejo Drive
San Bernardino, Calif.

Signature

P. O. Address

Subscribed and sworn to before me this 27th day of June, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 1-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by Neil M Painter, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 8 1944



Use only BLACK or BLACK Record-typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419208029-449

(Be sure the information is as of date of birth of THIS child.)

State File No. **392837**

United States
Department of Commerce

CERTIFICATE OF BIRTH

Local Reg. No.

Bureau of the Census

STATE OF IDAHO

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Mary Morgan
5. Date of Birth of Child Jan 8, 1898
(Month, day, year)
6. Sex F. 7. Twin or Triplet No If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---------------------------------------|--|
| 10. FULL NAME <u>Ralph Jack Morgan</u> | 16. FULL MAIDEN NAME <u>Phila Amy Murphy</u> | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>30</u> yrs. |
| 11. Birthplace <u>Moscow, Illinois</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Pittsfield, Illinois</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business |
| 12. Color <u>white</u> | 22. Age at time of THIS birth <u>31</u> yrs. | | |
| 13. Exact Occupation <u>Lawyer</u> | | | |
| 14. Industry or Business | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date

- State of Washington } ss.
County of King }
- (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 48 years of age, that I have known this person for 46 years, and that
Dr. Guitman who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 18th day of Feb, 1944
(SEAL) Coral Morgan Signature
Bellevue Wash P. O. Address
Notary Public, residing at Bellevue
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1944 by Mabel H. Elder Registrar.

JUL 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-229 001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **393042**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Warm Springs Ave.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Warm Springs Ave.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

5. Date of Birth of Child
(Month, day, year) June 29, 1898

4. **FULL NAME OF CHILD**

Hazel Wynona Brown

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alfred Emory Brown
11. Color white 12. Age at time
or Race of THIS birth 38 yrs.
13. Birthplace Shelby County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Carpenter and painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Sarah Smith
17. Color white 18. Age at time
or Race of THIS birth 25 yrs.
19. Birthplace Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 p.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alfred E. Brown
(First name) (Last name)
who is related as Father
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Ada Midwife

State of Idaho } ss.
County of Boise

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 85 years of age, that I have known this person for 46 years, and that
Dr. Bowers who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Alfred E. Brown Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of August, 1945
(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

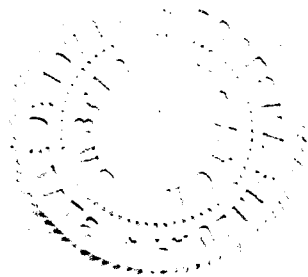
Received for filing on Aug. 11-1945 by Mary H. Elder Registrar.

SEP 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-211-007-249

394376

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 years yrs.

4. **FULL NAME OF CHILD** Mattie Laura McLean

5. Date of Birth of Child
(Month, day, year) Jan. 11, 1898

6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Charles McLean
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Stuartdale, Cape Briton, Canada
(City or town) (State or foreign country)
14. Exact Occupation Miner and farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Annabel Burch
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Ironton, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 60 years of age, that I have known this person for 46 years, and that
Midwife (name not known) who attended this birth cannot be located I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Paul J. Quinn Signature
Shoshone, Idaho P.O. Address

Subscribed and sworn to before me this 14th day of August, 1944

(SEAL)

Robert J. Jones

Notary Public, residing at Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1944 by Mabel Helder Registrar.

AUG 31 1914

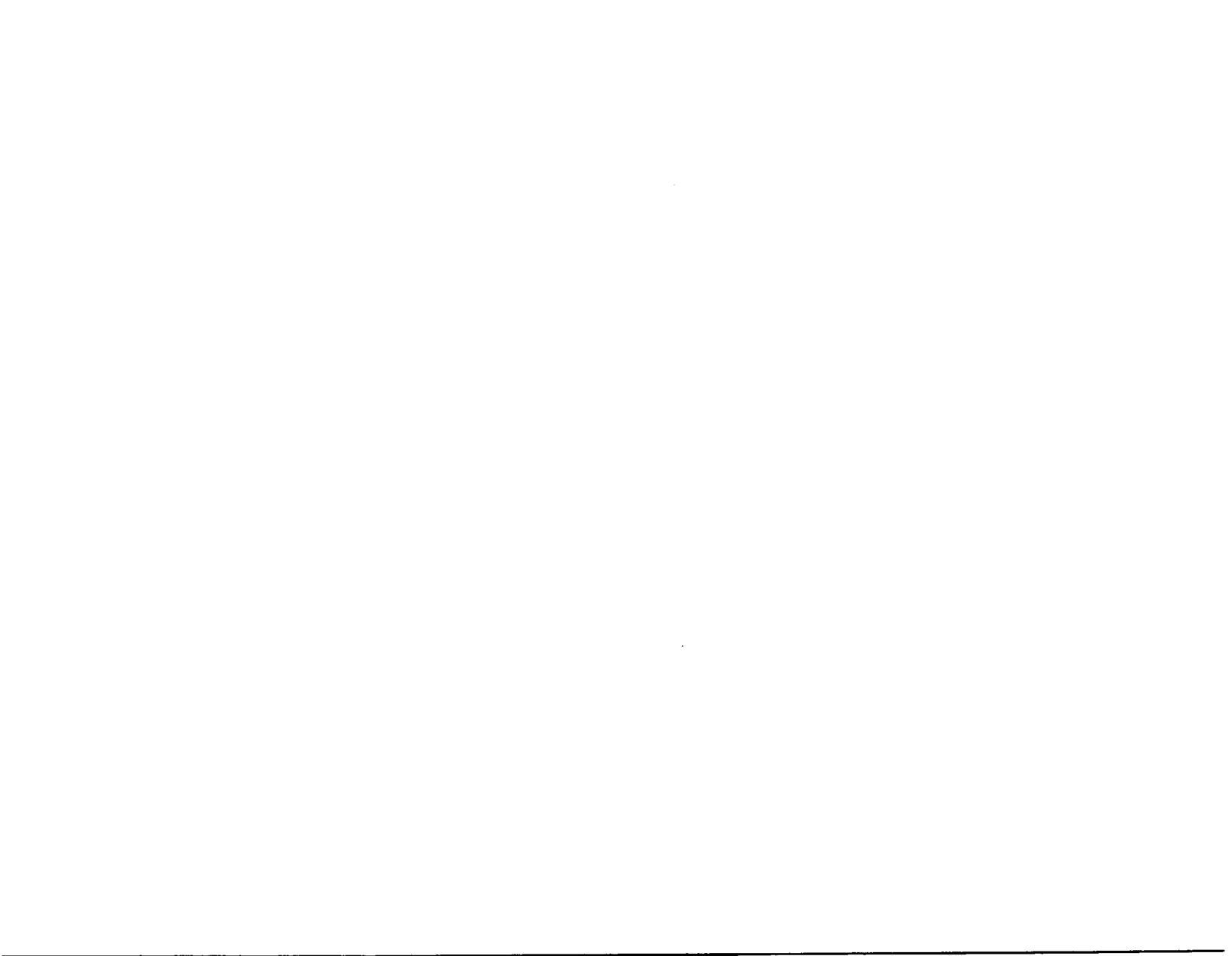
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH		FILE DATE 10/02/1944		STATE OF IDAHO	
County of <u>BEAR LAKE</u>		DEPARTMENT OF PUBLIC WELFARE			
City of <u>GEORGETOWN</u>		BUREAU OF VITAL STATISTICS			
No. _____ St. _____		CERTIFICATE OF BIRTH			
		Registration District No. _____		State File No. <u>1898-394493</u>	
(If born in hospital or institution give name.)		Prim. Registration District No. _____		Local Registrar's No. _____	
2. FULL NAME OF CHILD <u>HENRY ALBERT LATHAM</u>					
3. Sex <u>MALE</u>	If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Legiti- mate? _____	8. Date of birth <u>01/13/1898</u> (Month, Day, Year)	
9. Full name <u>FATHER</u> <u>JAMES B LATHAM</u>			18. Full maiden name <u>MOTHER</u> <u>LYDIA MARY JONES</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) _____			19. Residence (usual place of abode) (If non-resident, give place and State) _____		
11. Color or race _____		12. Age at last birthday <u>58</u> (years)		20. Color or race _____	
13. Birthplace (city or place) <u>ENGLAND</u> (State or Country)		21. Age at last birthday <u>40</u> (years)		22. Birthplace (city or place) <u>WALES</u> (State or Country)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
	16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent _____ in this work _____		19 _____		26. Total time (years) spent _____ in this work _____	
27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____					
28. Number of children of this mother _____ (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____					
29. If stillborn, period of gestation _____ months or weeks		30. Cause of stillbirth _____ { Before labor _____ During labor _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was _____ at <u>1200</u> m. on the date above stated. (Born Alive or Stillborn)					
When there was no attending physician or midwife, then the father, householder, etc., should make this return.			(Signed) _____, M. D.		
Give name added from a supplemental report _____			or _____, Midwife		
(Date of) _____			Address _____		
Registrar. _____			Filed _____, 193 _____ Registrar. _____		



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-209-275-6666
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

395561
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. 6 miles in country
(d) Name of Hospital or Maternity Home: Born in residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years -- months -- days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ?
(c) City Cottonwood
(d) Street Address or R.F.D. No. 6 miles in country
(e) How long has **MOTHER** lived in Idaho? five yrs.
3. **RESIDENCE OF FATHER** (city, state) Cottonwood, Idaho

4. **FULL NAME OF CHILD** Hazel Fedora McClintic
5. Date of Birth of Child
(Month, day, year) Aug. 9, 1898
6. Sex female 7. Twin or Triplet ? If so—born 1st, 2nd, 3rd ?
8. No. months 8 of Pregnancy 1-week 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|------------------------------------|--|
| 10. FULL NAME <u>Jasper Clayton McClintic</u> | 16. FULL MAIDEN NAME <u>Lola Wood</u> | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>24</u> yrs. |
| 11. Birthplace <u>Marengo Washington</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Eugene Oregon</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>Housewife</u> |
| 12. Color or Race <u>white</u> | 22. Age at time of THIS birth <u>32</u> yrs. | | |
| 13. Exact Occupation <u>Farmer</u> | | | |
| 14. Industry or Business | | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

State of Washington } ss.
County of Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 71 years of age, that I have known this person for..... years, and that
Dr. Henry B. Blake who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

+ Lola Hull Signature
Opportunity, Washington P. O. Address

Subscribed and sworn to before me this 13 day of September, 1944
(SEAL) H. Henry Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

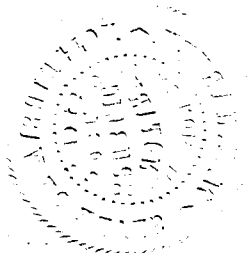
Received for filing on SEP 20 1944 by Mabel H. Helder Registrar.

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

473-2271-208-385
United States (Be sure the information is as of date of birth of THIS child.) State File No. **395603**
Department of Commerce
Bureau of the Census SEP 16 1944
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No. _____
Reg. Dist. No. _____

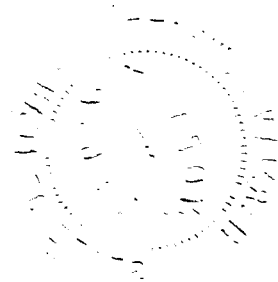
1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Sweet</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>16</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>Boise</u> (c) City <u>Sweet</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>42 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Elsie Ellen Dill</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 27, 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Jeremiah M. Sain Dill</u> 11. Color <u>white</u> or Race _____ 12. Age at time of THIS birth <u>68</u> yrs. 13. Birthplace <u>Columbus, Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Waltha Jane Cherry</u> 17. Color <u>white</u> or Race _____ 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Richmond, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>6</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)			
25. Attendant's OWN signature _____		M.D. Address _____ Midwife _____	Date _____
State of <u>Idaho</u> County of <u>Valley</u>		ss. (To be completed when the attendant does not sign in Item 25.) I, the undersigned, being first duly sworn, say that I am the <u>Sister</u> of the person whose name appears in Item 4, above, that I am now <u>53</u> years of age, that I have known this person for <u>her life time</u> years, and that who attended this birth <u>deceased</u> I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.	
Subscribed and sworn to before me this <u>15</u> day of <u>Sept</u> 19 <u>44</u> (SEAL) <u>Herbert H. White</u> Notary Public, residing at <u>McCall</u> (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)		Signature <u>Frances C. Howell</u> <u>my call Idaho</u> P. O. Address _____	
Received for filing on <u>SEP 18 1944</u> by <u>Mabel F. Linder</u> , Registrar			

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-119-001-299

395639

United States (Be sure the information is as of date of birth of THIS child.) State File No. _____
Department of Commerce Local Reg. No. _____
Bureau of the Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD Carl Kenneth Cook
5. Date of Birth of Child (Month, day, year) Sept 19 - 1898
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles H. Herbert Cook 16. FULL MAIDEN NAME Alice Brusie
11. Color white 12. Age at time of THIS birth 27 yrs. 17. Color white 18. Age at time of THIS birth 26 yrs.
13. Birthplace Greenville California (City or town) (State or foreign country) 19. Birthplace Benton Arkansas (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation House wife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____ Midwife _____

AFFIDAVIT

State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)
County of Klamath }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 46 years, and that Mrs Ella Freeman who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Alice Cook Signature
1937 Derby Klamath Falls Oregon P.O. address
Subscribed and sworn to before me this 22 day of September, 1944.
(SEAL) Quinn Crawford Notary Public, residing at Klamath Falls, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES APRIL 27, 1945.

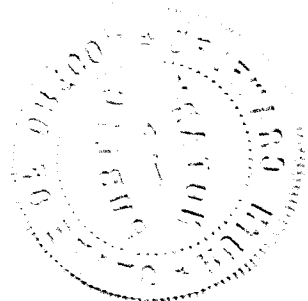
Received for filing on _____ by Mabel Helder Registrar.
SEP 26 1944

SEP 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



104800
JUL 07 1953

JUL 17 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759 212 003-236 397028

United States Dep of Commerce Bureau of the Census (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Local Reg. No. Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock Hawkins Basin
(c) Street Address or R.F.D. No. Near Arimo
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Near Robin, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child, (Month, day, year) Sept. 12, 1898

4. **FULL NAME OF CHILD** Margaret Perry
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Henry Perry
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Stowe
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Arimo Idaho Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Idaho Bannock ss.
State of County of

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that Mrs. George Goodenough who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Perry X Signature
McCammon Idaho P. O. Address
3rd. day of November, 1944.
Subscribed and sworn to before me this 3rd. day of November, 1944.
(SEAL) J. F. Whitney Notary Public, residing at McCammon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1944 by Mabel Holder Registrar.

WEL & T AON

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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354-218 019-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **397037**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

4. **FULL NAME OF CHILD** Mary Leuzinger
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) 10/18/1898
8. No. months of Pregnancy _____ 9. Legitimate? X Yes

6 Sex Female
FATHER OF CHILD
10. **FULL NAME** Fredolin Leuzinger
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Gallati
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Oregon ss. **AFFIDAVIT**
County of Jackson (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 46 years, and that Mrs. Res. Paul who attended this birth is now deceased further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of Oct. 1944
(SEAL) Nov 1 1944: Alvin M. Hallgren, Notary Public, residing at Phoenix Ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

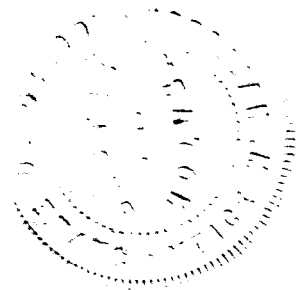
Received for filing on NOV 1 5 1944 by Margaret Leuzinger, Registrar

NOV 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail completed certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Mountain Home</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mothers stay BEFORE delivery: <u>1</u> years <u>00</u> months <u>00</u> days.		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>Bruneau</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Elmer Joseph Hawes</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 10, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Fletcher A Hawes</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer and Stockgrower</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Eva Salina Strickland</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Nevada, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>School teacher</u> 21. Industry or Business <u>housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho County of Owyhee ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 46 years, and that Dr. Wm F. Smith who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter-139, 1937 Session Laws.

Eva S Hawes Signature
Box 125, Bruneau, Idaho. P. O. Address

Subscribed and sworn to before me this 16 day of November, 1944
(SEAL) [Signature] Notary Public, residing at Bruneau
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

25-228-001-465

399561

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>5th + Ada</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>5th + Ada</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Georgia Olive Benson</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>Mar. 28, 1898</u> 8. No. months of Pregnancy <u>9</u>	
6 Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>David Rounds Benson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>North Powder, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Teamster</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rosa Nellie Monroe</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Appleton, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT
State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of King }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 49 years, and that _____ who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3 day of January, 1945
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JAN 8 1945 by _____ Registrar

JAN 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263-126-235-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JAN 8 1945
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **399599**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County NEZ PERCE (b) City Chesley
(c) Street Address or R.F.D. No. No Route at the time
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County NEZ PERCE
(c) City Chesley
(d) Street Address or R.F.D. No. No Route at the time
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

4. **FULL NAME OF CHILD** James Louis Kole
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Chesley, Idaho
5. Date of Birth of Child (Month, day, year) 11-26-1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Cornelius Kole
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Bever Dam, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Kamphuis
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Epe, Holland
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ✓
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10:00 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Maggie (Kole) Ferguson who is related as Sister (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Lewiston, Rt. 2, Idaho Date 1-3-1945
Midwife

State of Idaho } ss.
County of NEZ PERCE

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, (Mother, etc.)
above that I am now 53 years of age, that I have known this person for 45 years, and that Cornelius Kole who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

U. States of America } ss.
District of Idaho

Maggie (Kole) Ferguson Signature
Lewiston, Rt 2, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1945
(SEAL) Jan. 8, 1945 U.S. Commissioner Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Dist. of Idaho, Central Division

Received for filing on JAN 9 1945 by Mary P. Holder Registrar.

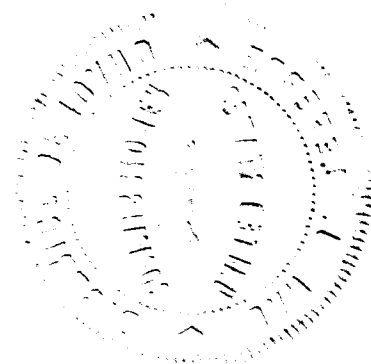
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JAN 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-172029-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH**STATE OF IDAHO**State File No. **400892**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)(a) County Latah (b) City Moscow

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

born at home(e) Mothers stay **BEFORE** delivery:In **THIS** county years months 2 days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)(a) State Idaho (b) County Latah(c) City Moscow

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.**3. RESIDENCE OF FATHER** (city, state) Moscow, Idaho**4. FULL NAME****OF CHILD** Reginald Fowler Thomas5. Date of Birth of Child July 12, 1898
(Month, day, year)7. Twin or
Triplet noIf so—born
1st, 2nd, 3rd8. No. months 9

of Pregnancy

9. Legitimate? yes6. Sex male**FATHER OF CHILD**10. **FULL NAME** Charles Dan Thomas11. Color white 12. Age at time 27 yrs.or Race white of THIS birth13. Birthplace Danbury, Iowa

(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD16. **FULL MAIDEN NAME** Dora Rachel Bond17. Color white 18. Age at time 27 yrs.or Race white of THIS birth19. Birthplace Irving, Oregon

(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name) (Last name)

who is related as

(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

Midwife

State of } ss.
County of**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now 27 years of age, that I have known this person for some birth years, and thatDr. Conant, who attended this birth is now deceased I further

(First name)

(Last name)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,

1937 Session Laws.

Dora Rachel Thomas Signature20-7th Ave N Twoo Falls Ida P. O. AddressSubscribed and sworn to before me this 25 day of January, 1945

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1945 by Grace E. Blaster Registrar.*Grace E. Blaster*

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

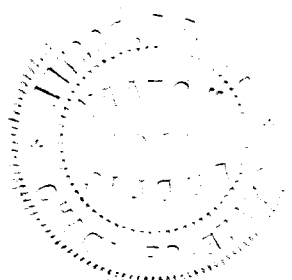
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FEB 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-24-028544

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **400942**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD anna Elisabeth Stringham

5. Date of Birth
(Month, day year) Sept. 14 1898

6. Sex female **7. Twin or Triplet** _____
If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Arthur LeRoy Stringham
11. Color or Race white **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Grand Rapids Michigan
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Pehine Clementine Eddings
17. Color or Race white **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6
(c) Born alive and now dead _____ (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) FEB 3 1945 **(b)** _____
(Date received) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.**
(D.O., Midwife, etc.)
and address _____ **Date** _____

27. Given name added on _____ **by** _____
(Registrar's signature)

State of Washington } ss.
County of Pierce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. A.L. Stringham, being first duly sworn, say that I am related to anna Elisabeth Stringham as mother (Related to (or) acquainted with) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, (Name of attendant at birth) who attended

said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 35 day of January, 1945.
(SEAL) Benina C. Mrs. C.L. Stringham Signature
Orting Washington P. O. Address
Notary Public, residing at Orting

MAY 23 1961

FEB 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-129-025-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **400953**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 48 yrs.
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Phillip Harry Taylor
5. Date of Birth of Child
(Month, day, year) 6/29/1898
- 6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Harry J. Taylor
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Penn
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emma Sophia Moulton
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Whitman Co. Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

- State of Idaho } ss.
County of Idaho }

AFFIDAVIT

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that Mrs Centers, who attended this birth Deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma McPherson Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 29 day of January, 1945

(SEAL)

Notary Public, Notary Public, residing at Kooskia Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1945 by Mary H. H. H. Registrar

1945 FEB 2

1945 FEB 8 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

992-226-025-555
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

400963
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Denver</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years <u>5</u> months <u>26</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Denver</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>6 yrs.</u> yrs.	
4. FULL NAME OF CHILD <u>Frances Manila Risley</u>		3. RESIDENCE OF FATHER (city, state) <u>Denver, Idaho</u>	
6. Sex <u>female</u>		5. Date of Birth of Child <u>Sept. 26, 1898</u> (Month, day, year)	
7. Twin or Triplet _____		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Frank Elmer Risley</u>		9. Legitimate? <u>yes</u>	
11. Color or Race <u>white</u>		16. FULL MAIDEN NAME <u>Effie Almeda Evett</u>	
12. Age at time of THIS birth. <u>36</u> yrs.		17. Color or Race <u>white</u>	
13. Birthplace <u>Illinois</u> (City or town) (State or foreign country)		18. Age at time of THIS birth. <u>34</u> yrs.	
14. Exact Occupation. <u>Farmer</u>		19. Birthplace <u>Illinois</u> (City or town) (State or foreign country)	
15. Industry or Business <u>"</u>		20. Exact Occupation. <u>Housewife</u>	
21. Industry or Business <u>"</u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____	
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

State of Montana } ss.
County of Flathead }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 46 years, and that Dr. Stockton who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 15th day of January _____
(SEAL) Farwest R. Robinson Notary Public for the State of Montana
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) My Commission expires Dec 18, 1945
Received for filing on Feb 8 1945 by Myrtle P. Jones Registrar.

1000004

1945 FEB 9

1945 FEB 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-209035-993

402120

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Melrose</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>8</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Melrose</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Majel Freda Maynard</u> G. Twin or Triplet <u></u> If <u>1</u> born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Feb. 9, 1898</u>	
6 Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Thad J. Maynard</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Gambell Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maudie Minnie Richardson</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Roboma Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**

AFFIDAVIT

State of Idaho Wash. ss.
County of Nez Perce Astin
I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 4 1/2 years, and that Sarah Maynard (First name) (Last name), who attended this birth, (Is now deceased) or (Cannot be located). state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of Feb. 1945
(SEAL) Burt C. Halsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 22, 1945 by Mabel H. Halsey, Registrar

DEC 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296 222014-296

402127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Born at Parents home at Caldwell, Idaho
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD

Lela Ada Bowman

5. Date of Birth of Child
(Month, day, year) March 22 1898

6. Sex 2

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

John C. Bowman

FATHER OF CHILD

11. Color or Race White 12. Age at time
of THIS birth 31 yrs.
13. Birthplace Caldwell Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer
15. Industry or Business Farming

16. FULL MAIDEN NAME

Emma D. Brown

MOTHER OF CHILD

17. Color or Race White 18. Age at time
of THIS birth 25 yrs.
19. Birthplace Jasper County Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...2..... (b) Born alive and now living...2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of.....Idaho.....ss.
County of.....Idaho.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears
in Item 4, above, that I am now.....69.....years of age, that I have known this person for.....44.....years, and that
Dr. J. B. Wright....., who attended this birth.....is deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....Signature
Emma D. Bowman.....P. O. Address
Subscribed and sworn to before me this.....29th.....day of.....June....., 19.....42

(SEAL) Notary Public.....Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....FEB 22 1945.....by.....Notary Public....., Registrar.

JUL 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414-122-029-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 21 1945
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **403399**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years months days

4. FULL NAME OF CHILD Dewey Ulysses Madison

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Martin Madison
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Slavmar Norway
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Idaho

5. Date of Birth of Child
(Month, day, year) May 22 1898

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Etta Madison
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Vermilion S. Dakota
(City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 PM M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Martin Madison who is
(First name) (Last name)
related to this child as Father
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 71 years of age, that I have known this person for _____ years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin Madison Signature

Post Falls, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of February, 1943

(SEAL) W. E. Raper Notary Public, residing at Post Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1945 by M. J. Raper, Registrar.

MAR 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966 222029 863
United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce
Bureau of the Census 403495 CERTIFICATE OF BIRTH APR 2 1945 Local Reg. No. 403495
Reg. Dist. No. 403495

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City..... Moscow.....
(c) Street Address or R.F.D. No. Do not know.....
(d) Name of Hospital or Maternity Home:
born at home.....
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho..... (b) County.....
(c) City Moscow.....
(d) Street Address or R.F.D. No. Do not know.....
(e) How long has MOTHER lived in Idaho? 204.8 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Flossie Nina Rowland

5. Date of Birth of Child (Month, day, year) June 22, 1898

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willis Price Rowland

11. Color or Race White 12. Age at time of THIS birth 40 yrs.

13. Birthplace U.S.A. (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Camitha Lorrain Holden

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 A.M. on the date (Born alive, still born) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 46 years, and that Dr. Watchton (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joshua Arthur Holden Signature
Yakima, R.D. 5 Wash. P. O. Address

Subscribed and sworn to before me this 24th day of August 1944
(SEAL) Robert J. Burrell Notary Public, residing at Yakima
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mary Holden, Registrar.

NOV 20 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date of Chapter~~
191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652-216030-154
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

403524
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) Baker Ida.
4. **FULL NAME OF CHILD** Grace Roffey Webb
5. Date of Birth of Child Mar. 10, 1945
(Month, day, year)

- 6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy nine 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|--|
| 10. FULL NAME <u>James Roffey Webb</u> | 11. Color <u>white</u> or Race _____ | 16. FULL MAIDEN NAME <u>Etta Victoria Anderson</u> | 17. Color <u>white</u> or Race _____ |
| 12. Age at time of THIS birth <u>45</u> yrs. | 13. Birthplace <u>Whitby Yorkshire England</u>
(City or town) (State or foreign country) | 18. Age at time of THIS birth <u>33</u> yrs. | 19. Birthplace <u>Ronne Denmark</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation _____ | 15. Industry or Business _____ | 20. Exact Occupation <u>housewife</u> | 21. Industry or Business _____ |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

- State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
- I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 47 years, and that Mrs. Richardson who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name) (Is now deceased) or (Cannot be located)

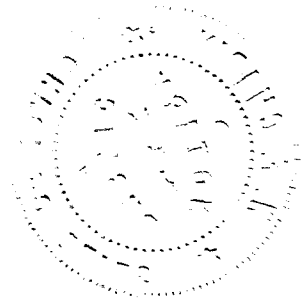
- Subscribed and sworn to before me this 28 day of March 19 45
(SEAL) W. A. Chapman Notary Public, residing at Post Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Mary T. Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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403537

403537

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Falk
(c) Street Address or R.F.D. No. R-Route
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Falk
(d) Street Address or R.F.D. No. R-Route
(e) How long has MOTHER lived in Idaho? 22 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Esther Lenore Baird
5. **Date of Birth of Child** (Month, day, year) August 14 1945
6. **Sex** Female
7. **Twin or Triplet** No
8. **No. months of Pregnancy** 9
9. **Legitimate?** Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|---|
| 10. FULL NAME <u>James W. Baird</u> | 16. FULL MAIDEN NAME <u>Hattie A Perry</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>40</u> yrs. | 18. Age at time of THIS birth <u>32</u> yrs. |
| 13. Birthplace <u>Missouri</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Missouri</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>House wife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife

- State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 79 years of age, that I have known this person for 46 years, and that Esther Perry who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 16 day of April 1945
(SEAL) Leah A. Anderson Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on APR 16 1945 by Mary Elder Registrar

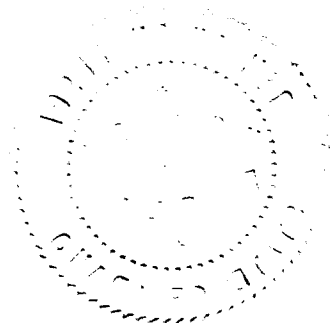
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APR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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693 114023 234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403609
Local Reg. No. 403609
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. <u>Ranch</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years <u>10</u> months <u>2</u> days <u>2</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. <u>Ranch</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Thomas Le Roy Williams</u>		5. Date of Birth of Child (Month, day, year) <u>June 14, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD 10. FULL NAME <u>Thomas Barrett Williams</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>54</u> yrs. 13. Birthplace <u>Columbus Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Elizabeth Stutman</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Blue Springs, Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of California } ss.
County of Alameda }

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 42 years, and that Dr. Elmer Emmett, Idaho who attended this birth is now deceased I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles P. Williams Signature
My commission expires May 21, 1948 3280 California St, Oakland, O. Address

Subscribed and sworn to before me this 29th day of March, 1945.

(SEAL) M. Delaney, Notary Public, residing at OAKLAND, CALIF
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

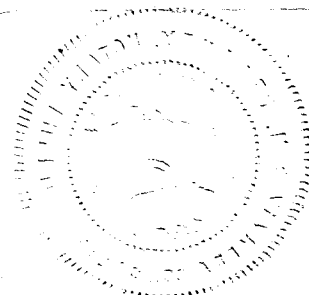
Received for filing on APR 17 1945 by Mary P. Peden, Registrar

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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613-118 039-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 7 1945

State File No. _____
Local Reg. No. _____
Reg. Dist. No. **403620**

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City ROCKLAND
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
AT HOME, OF JANE BROWN
(e) Mothers stay BEFORE delivery:
In THIS county 20 years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City ROCKLAND IDAHO
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 20 yrs.

4. FULL NAME OF CHILD ADDRESS JOHN WATTS

5. Date of Birth of Child
(Month, day, year) DEC 18, 1898

6 Sex MALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH THOMAS WATTS
11. Color or Race WHITE 12. Age at time of THIS birth 38 yrs.
13. Birthplace MEMPHIS, SCOTLAND COUNTY, MO.
(City or town) (State or foreign country)
14. Exact Occupation _____
15. Industry or Business RANCHER CATTLE BUSINESS

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY ANN BROWN
17. Color or Race WHITE 18. Age at time of THIS birth 30 yrs.
19. Birthplace MEADOWCREEK UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of IDAHO
County of POWER } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 46 years, and that JANE BROWN (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Watts Signature
AMERICAN FALLS IDAHO P. O. Address

Subscribed and sworn to before me this 5th day of April 1945.

(SEAL) T. P. Parson Notary Public, residing at American Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

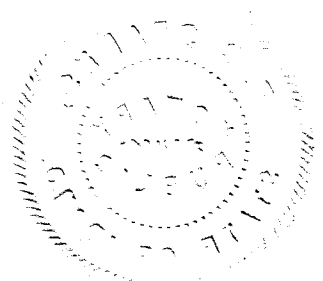
Received for filing on APR 17 1945 by _____, Registrar

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-213 029 413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 404616
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State MOSCOW (b) County LATAH
(c) City Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nannie Lois Cochran
5. Date of Birth of Child (Month, day, year) Nov. 13-1898
6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Clifton Allen Cochran
11. Color or Race white 12. Age at time of THIS birth approx. 30 yrs.
13. Birthplace Amity Oregon (City or town) (State or foreign country)
14. Exact Occupation book keeper
15. Industry or Business _____
- MOTHER OF CHILD
16. FULL MAIDEN NAME Nancy S. MacDonald
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Bloomington, Neb. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

- State of California } ss. (To be completed when the attendant does not sign in Item 25.)
County of Los Angeles }

- I, the undersigned, being first duly sworn, say that I am the Mrs. D. N. Britman of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since birth years, and that in now deceased who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 24th day of March, 1945
(SEAL) Elio M. Hall Notary Public, residing at Arcadia, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)
Received for filing on _____ by Mary F. Blair, Registrar

MAY 1 1945

APR 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404636**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>27</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>27</u> yrs.	
4. FULL NAME OF CHILD <u>John Warren DeChambeau</u>		5. Date of Birth of Child (Month, day, year) <u>April 30 1898</u>	
6 Sex <u>male</u>	7. Twin or Triplet If so—born <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Nesbit DeChambeau</u>		16. FULL MAIDEN NAME <u>Elsie McBride</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>39</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Canada</u> (City or town) (State or foreign country)		19. Birthplace <u>Garden Valley, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature Elsie DeChambeau **M.D. Address** Eagle, Idaho **Date**

State of Idaho County of Ada } ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for all his life years, and that midwife who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Elsie DeChambeau Signature
Eagle, Idaho P. O. Address
Subscribed and sworn to before me this 20th day of April, 19 45.
(SEAL) Omaha Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 21-914, Idaho Code, Annotated.)
Received for filing on MAY 1 1945 by Michael F. Edwards, Registrar

MAY 1 1945

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

256-123 014 643

404660

404660

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Harry H. Knowl
6. Sex male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida.
5. Date of Birth of Child (Month, day, year) June 23, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Walter Leroy
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Emmett Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Carry May Fulton
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Garian County Tenn.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that _____ who attended this birth Mrs. J. A. D. D. D. further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this May day of May 1945
(SEAL) Mary H. F. F. F. Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

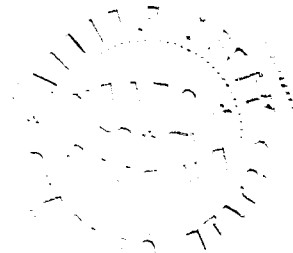
Received for filing on MAY 28 1945 by Mary H. F. F. F., Registrar

MAY 29 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

573-203035-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404713**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lapwai</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>35</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lapwai</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>72</u> yrs.	
4. FULL NAME OF CHILD <u>Lilly Viles</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 3, 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Wentworth Viles</u>		16. FULL MAIDEN NAME <u>Louise Pinkham</u>	
11. Color or Race <u>1/2 Nez Perce</u>		17. Color or Race <u>1/2 Nez Perce</u>	
12. Age at time of THIS birth <u>20</u> yrs.		18. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>Lewiston Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Lewiston Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Disciplinarian</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Gov't Boarding School</u>		21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 p. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Louise Pinkham Viles
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** Lapwai, Idaho **Date** April 25, 1945
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Nez Perce } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that
Eliza White Thompson who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Louise Pinkham Viles Signature
Lapwai, Idaho P.O. Address
Subscribed and sworn to before me this 26th day of April 1945
(SEAL) _____ Notary Public, residing Lapwai, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)
Received for filing on MAY 3 1945 by Mary E. Elden, Registrar

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Clayton</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home of family</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Clayton</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>27</u> yrs.	
4. FULL NAME OF CHILD <u>Joseph Vernon Gossie</u>		5. Date of Birth of Child (Month, day, year) <u>July 18, 1898</u>	
6. Sex <u>Male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Phillip Gossie</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Anderson</u> <u>Italy</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Celia Howell</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Oxford</u> <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric acid solution</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN signature** _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
County of Custer } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 46 years, and that Mary Paul, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy M. Papworth Signature
Challis Idaho P. O. Address

Subscribed and sworn to before me this 30th day of April, 1945

(SEAL) John Boyd, Custer Co. Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on: MAY 8 1945 by John Boyd Registrar.

235204
MAY 9 - 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **104832**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Freemont</u> (b) City <u>Rigby</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Midwife in attendance, child born at home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>FREEMONT</u> (c) City <u>RIGBY</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>37</u> yrs.
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4. FULL NAME OF CHILD <u>ELIZA (LYDA) HOMER</u>	5. Date of Birth of Child (Month, day, year) <u>4, July 1898</u>
6 Sex <u>FEMALE</u>	8. No. months of Pregnancy _____
7. Twin or Triplet _____	9. Legitimate? <u>Yes</u>
If so—born 1st, 2nd, 3rd _____	

FATHER OF CHILD

10. FULL NAME <u>RUSSELL KING HOMER</u>
11. Color or Race <u>WHITE</u>
12. Age at time of THIS birth <u>39</u> yrs.
13. Birthplace <u>SALT LAKE CITY, UTAH</u> (City or town) (State or foreign country)
14. Exact Occupation <u>FARMING</u>
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>ELEANORE MARIA ATKINSON</u>
17. Color or Race <u>WHITE</u>
18. Age at time of THIS birth <u>39</u> yrs.
19. Birthplace <u>WELLSVILLE, CACHE COUNTY, UTAH</u> (City or town) (State or foreign country)
20. Exact Occupation <u>HOUSEWIFE</u>
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>9</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho **County of** Bingham } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for 49 years, and that Mrs. Ephraim Mathais who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th **day of** May **19** 45
(SEAL) L. D. [Signature] **Notary Public, residing at** Shelley, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 23 1945 **by** John M. Homer **Registrar**

MAY 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-225-035-893

United States (Be sure the information is as of date of birth of THIS child.) State File No. **405924**
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Virginia Katherine Green 5. Date of Birth of Child Feb. 25, 1898
(Month, day, year)

6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** William Jasper Green 16. **FULL MAIDEN NAME** Martha Florence Hill
11. Color white 12. Age at time of THIS birth 26 yrs. 17. Color white 18. Age at time of THIS birth 26 yrs.
13. Birthplace Wichita, Kansas 19. Birthplace Scio, Oregon
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (Born alive, stillborn) (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington } ss. **AFFIDAVIT**
County of Asotin } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 47 1/2 years, and that Mrs. Virginia Greene, who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Martha J. Green Signature
1123 8th St., Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 19th day of May, 1945.
(SEAL) Burt C. Halsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mabel Elder, Registrar

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-224-002-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **405940**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Adams (b) City Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: 6 years 0 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Adams
(c) City Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

4. FULL NAME OF CHILD

Martha Manilla Lyons

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st

5. Date of Birth of Child

(Month, day, year) June 24-1898

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Newton Lyons
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Brook Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta Elizabeth Lyons
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Cove Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN at 11:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sister, who is related to this child as Sister (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Wend M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 46 years, and that Elizabeth Clay who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sela A. Atchison Signature

1805 Broadway, Chico, Calif. P. O. Address

Subscribed and sworn to before me this 20th day of May, 1945

(SEAL)

Notary Public, residing at Chico, Calif.
(Note: Perjury is punishable as a felony under the laws of the State of Idaho; see Sec. 17-914, Idaho Code Annotated.)

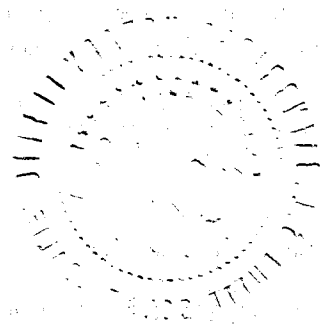
Received for filing on JUN 1 1945 by Notary Public in and for County of Butte, State of California, Registrar.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-229-008-849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **406015**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) ~~Place~~ **Boise Co.** (b) ~~City~~
(c) Street Address or R.F.D. No. **Rural**
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County ~~Boise~~ **Boise**
(c) City **Howell P.O.**
(d) Street Address or R.F.D. No. **Rural**
(e) How long has MOTHER lived in Idaho? **36** yrs.

3. RESIDENCE OF FATHER (city, state) **Howell, Ida.**

4. FULL NAME OF CHILD

Birdie Mae Cox

5. Date of Birth of Child

(Month, day, year) **Aug. 28, 1878**

6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **James M. Cox**
11. Color or Race **White** 12. Age at time of THIS birth **36** yrs.
13. Birthplace **Gentry County Missouri**
(City or town) (State or foreign country)
14. Exact Occupation **Rancher**
15. Industry or Business **Ranching**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Jane Hunt**
17. Color or Race **White** 18. Age at time of THIS birth **36** yrs.
19. Birthplace **Virginia**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business **housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of **Idaho** }
County of **Canyon** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **81** years of age, that I have known this person for **44** years, and that

Mrs. VanHorton (First name) (Last name), who attended this birth **now deceased** (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James M. Cox Signature
518 Blaine St., Baldwell, Idaho P. O. Address

Subscribed and sworn to before me this **18th** day of **December**, 19**42**

(SEAL)

Emma E. Thompson Notary Public, residing at **Caldwell, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

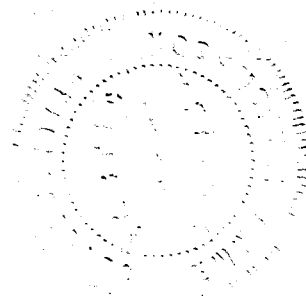
Received for filing on **JUN 8 1945** by **Mary E. Blodgett** Registrar.

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title ~~28, Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-316-029-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **406045**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Deary</u> (c) Street Address or R.F.D. No. <u>P.O. Box 11</u> (d) Name of Hospital or Maternity Home: <u>at family home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>17</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Deary</u> (d) Street Address or R.F.D. No. <u>P.O. Box 11</u> (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Theressa Mae LaBalle</u>		5. Date of Birth of Child (Month, day, year) <u>July 16, 1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Thomas LaBalle</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Ottawa, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Caroline Elizabeth</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Springfield, Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho **WASHINGTON,**
County of Latah **ASOTIN,** ss.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4. above, that I am now 69 years of age, that I have known this person for 46 years, and that E. Charlotte Byers who attended this birth is now deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

_____ of the person whose name appears (Mother, etc.)

_____ years, and that _____

_____ who attended this birth _____ further (Is now deceased) or (Cannot be located)

_____ state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary I. Morris Signature
Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 26th day of May, 1945

(SEAL) Thomas J. Jordan Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

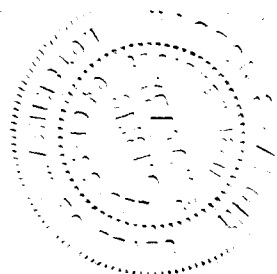
Received for filing on JUN 8 1945 by _____, Registrar

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-209.036-386

700031

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **406054**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>yes</u> years _____ months _____ days _____		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Blenda C Jones</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 9 - 1898</u>	
6. Sex <u>girl</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Morgan M. Jones</u>		16. FULL MAIDEN NAME <u>Elizabeth Thomas</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth _____ yrs.		17. Color or Race _____ 18. Age at time of THIS birth _____ yrs.	
13. Birthplace <u>North Ogden Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Brigham Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Sheep man</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Oneida }

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that Dr Jones, who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Mary E. Balingbrooke Signature
Malad City, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of May, 1945

(SEAL) John H. McAllister by D.O. Jones, Deputy Registrar, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of the

Received for filing on JUN 10 1945 by District Court Malad, Idaho Registrar

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

552-206-244-289

406055

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** Effie Ellen Ensley
5. Date of Birth of Child (Month, day, year) May 6, 1898
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---------------------------------------|--|
| 10. FULL NAME <u>Harmon Stetson Ensley</u> | 16. FULL MAIDEN NAME <u>Rosa Shirts</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>19</u> yrs. |
| 11. Birthplace <u>Oregon</u>
(City or town) (State or foreign country) | 17. Birthplace <u>Polk City, Iowa</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u> </u> |
| 12. Exact Occupation <u>Sheep Rancher</u> | 21. Industry or Business <u> </u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Oregon } ss.
County of Multnomah

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 66 years of age, that I have known this person for 47 years, and that
Sallie Shirts who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Alsterberg Signature
Maplewood, Oregon P. O. Address

Subscribed and sworn to before me this 8th day of June, 1945
(SEAL) Mary H. Watkins Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Commission Expires 3/16/48)

Received for filing on JUN 10 1945 by Mary H. Watkins Registrar.

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

286-121-006-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **406105**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Market Lake
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida. (b) County Bingham
(c) City Market Lake
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 50 yrs. Market Lake, Ida
3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Glenwood Clarence Shosted
5. Date of Birth of Child (Month, day, year) April 21, 1898

6 Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** William Hogan Shosted
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Aalborg, Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Hannah Hanson
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Spejlsby, Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 47 years, and that Anna Hansen Sharp who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

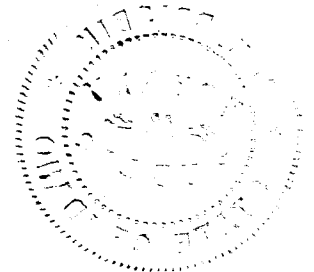
Subscribed and sworn to before me this 8th day of June 1945
(SEAL) Wm O. Brubaker Notary Public, residing at St. Anthony
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Hubert H. Elder Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-2231040-296
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

406142
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County _____ (b) City <u>Burke</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>Burke</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>23</u> yrs.	
4. FULL NAME OF CHILD <u>Eva Catherine Robbins</u>		5. Date of Birth of Child (Month, day, year) <u>10/23/1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd—	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Eva Catherine Robbins</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Bonco. Ill.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Josephine Brown</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>Seban, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Idaho
Latah

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that _____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ma L. Brown Signature
326 East 6th St., Moscow, Idaho P.O. Address
June 19 45

Subscribed and sworn to before me this 13th day of _____, _____
(SEAL) _____ Probate Judge, _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) _____ Notary Public, residing at _____

Received for filing on JUN 21 1945 by Ma L. Brown Registrar

JUN 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **407235**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Emmett (b) City Menan
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harriet Matilda Casper 5. Date of Birth of Child (Month, day, year) Nov 11-1898
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Peter William Casper
11. Color or Race White 12. Age at time of THIS birth _____ yrs.
13. Birthplace Big Cottonwood Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Margaret Maria Miles
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Menan Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Idaho } ss. **AFFIDAVIT**
County of Emmett } (To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 46 years, and that Unknown who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

- Subscribed and sworn to before me this 27th day of June 1945
(SEAL) B. V. Tappan Notary Public, residing at Emmett Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUL 2 1945 by Mary F. Holder Registrar

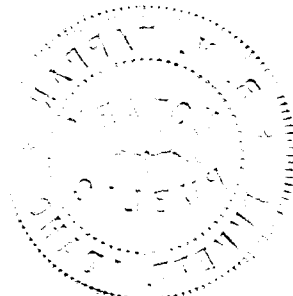
JUL 2

1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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643 24029-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **407261**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. streets unnamed
(d) Name of Hospital or Maternity Home:
Birth took place at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 22 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Street unnamed
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vera Fullerton
5. Date of Birth of Child (Month, day, year) Feb. 14, 1898
6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME <u>John William Fullerton</u> | 16. FULL MAIDEN NAME <u>Lena Maude Christie</u> | 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>27</u> yrs. | 18. Age at time of THIS birth <u>26</u> yrs. | 13. Birthplace <u>Craig County, Missouri</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Linn County, Oregon</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Electrician</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum None, so far as known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss. **AFFIDAVIT**
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 73 years of age, that I have known this person for 47 years, and that
Carl Hoffman, who attended this birth cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Lena Maude Fullerton Signature
W2515 College Ave. Spokane, Wash. P. O. Address
Subscribed and sworn to before me this 23rd day of July, 1945
(SEAL) Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

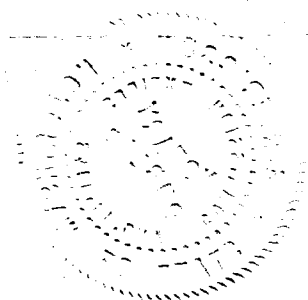
Received for filing on JUL 6 1945 by Mary F. Eldon, Registrar

JUL 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-229035-77
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

407291
State File No. **407291**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Chsley</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez perce</u> (c) City <u>Chsley</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Clara Mabel Baker</u>		5. Date of Birth of Child (Month, day, year) <u>11/29/98</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>//</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Daniel Baker</u>		16. FULL MAIDEN NAME <u>Flora Eliza Pitts</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>So. Bend Indiana</u> (City or town) (State or foreign country)		19. Birthplace <u>Braceville Ohio</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>same</u>		21. Industry or Business <u>Same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>??</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature Deceased **M.D. Address** Deceased **Date** _____

State of California } ss.
County of Imperial }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Attendant (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 46 years, and that No doctor Ms. Connelina Kola medurga who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of July 1945.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Signature Dolly Harris
O. Address 295 No Shumway, Lansing, Cal.

Notary Public, residing at Lansing, Cal.

Received for filing on JUL 20 1945 by Mary F. Baker, Registrar

AUG 30 1960

JUL 24 1945

OCT 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493 225035 245

United States (Be sure the information is as of date of birth of THIS child.) State File No. **409531**
Department of Commerce
Bureau of the Census **CERTIFICATE OF BIRTH**
STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Melrose, U.</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years <u>8</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Melrose</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Margaret Ethel Mills</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 25, 1898</u>	
6 Sex <u>Female</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>Nine</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Arthur Joel Mills</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Stewart, Guthrie Co. Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Cora Alvira Bunce</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Milan, Munroe Co., Mich.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> at <u>4 P. M.</u> on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Arthur Joel Mills</u> (First name) (Last name) who is related as <u>father</u> (Mother, etc.)			
25. Attendant's OWN signature _____		M.D. Address _____ Midwife _____	Date _____
State of Province of Alberta Country of CANADA		AFFIDAVIT	
I, the undersigned, being first duly sworn, say that I am the <u>father</u> of the person whose name appears in Item 4 above, that I am now <u>77</u> years of age, that I have known this person for <u>46</u> years, and that <u>Mr. Timmins</u> who attended this birth <u>cannot be located</u> further (First name) (Last name) (Is now deceased) or (Cannot be located)		(To be completed when the attendant does not sign in Item 25.)	
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.			
Subscribed and sworn to before me this <u>13th</u> day of <u>August</u> , 19 <u>45</u> . (SEAL) _____ (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations.)		Signature _____ <u>Camangay, Alta.</u> P. O. Address _____	
Notary Public, residing at <u>Barons, Alta.</u> RECEIVED ON THE _____ DAY OF DECEMBER 1945			
Received for filing on <u>AUG 24 1945</u> by <u>Mary H. L. L.</u> , Registrar			

AUG 27 1945

JUL 20 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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39 112-D16-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **409652**
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>17</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Delwin Ernest Craner</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 12, 1898</u>	
6 Sex <u>son</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9 mo</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Jasper Craner</u>	14. Exact Occupation <u>Farmer</u>	16. FULL MAIDEN NAME <u>Percis Luella Turner</u>	20. Exact Occupation <u>house-wife</u>
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>20</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>19</u> yrs.
13. Birthplace <u>Grantville Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Union Forte Utah</u> (City or town) (State or foreign country)	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho,
County of Lem } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 47 years, and that Dr. Hamberg who attended this birth is dead I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

Percis Luella Craner Signature
P. O. Address _____

Subscribed and sworn to before me this 22nd day of August 1945
(SEAL) J. P. Reed Notary Public, residing at Emmett, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1945 by Mary F. Blair Registrar

SEP 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use the only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

563 223 029 159

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **109072**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County _____ (b) City _____
(c) Street Address or R.F.D. No. Grange Creek
(d) Name of Hospital or Maternity Home: Boise City H.O.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Burtha Nolan
5. Date of Birth of Child
(Month, day, year) 12, 23, 1898
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George W. Nolan
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Grange Creek Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sarah Elizabeth Jeremias
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Grange Creek
(City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was mother at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as mother, Deed, name Susan Jeremias (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife mother, Deed, 12. 23, 1898

- State of Washington ss. **AFFIDAVIT**
County of Whitman

- I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 83 years of age, that I have known this person for 47 years, and that Susan Jeremias who attended this birth now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

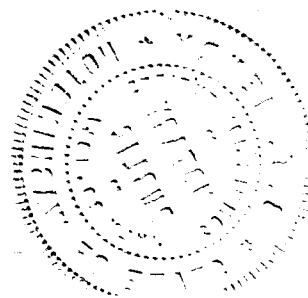
- Subscribed and sworn to before me this 8th day of Sept 1925
(SEAL) _____, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on SEP 12 1945 by Mary Nolan Registrar

SEP 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849-109-040-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **410805**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Delta</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>13</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Delta</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Harbert Ernest Quist</u>		5. Date of Birth of Child (Month, day, year) <u>5-4-1898</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Magnus S Quist</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>54</u> yrs. 13. Birthplace <u>Sweden</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business <u>Placer Mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Theodosia Burr Wright</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)
County of Jackson }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 46 years, and that who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Theodosia Burr Quist Signature
23 Almond St Medford Ore Address
Subscribed and sworn to before me this 27th day of June 1945
(SEAL) Carly Ferguson Notary Public, residing at Medford
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1945 by Robert Helder, Registrar

MAR 20 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 26 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-226-072-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **410830**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>3 Miles N E of Rigby</u> (c) Street Address or R.F.D. No. <u>At residence</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>3 Miles N E of Rigby</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>52</u> yrs.	
4. FULL NAME OF CHILD <u>Leorial Howe</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 26, 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Turner Howe</u>	16. FULL MAIDEN NAME <u>Margaret Kate D. Prophet</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>33</u> yrs.	18. Age at time of THIS birth <u>26</u> yrs.		
13. Birthplace <u>So. Cottonwood, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Centerville, Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer & Stock-raiser</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Farming</u>	21. Industry or Business <u>Home</u>		
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)
County of Multnomah }
I, the undersigned, being first duly sworn, say that I am the **M O T H E R** of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 73 years of age, that I have known this person for 46 plus years, and that Angeline Abey Mathias who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of September, 1945
(SEAL) R. E. Schmidt Notary Public, residing at Portland Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 1945 by Mabel Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-210-025-719
United States (Be sure the information is as of date of birth of THIS child.) State File No. **410874**
Department of Commerce
CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Elk City
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born in parents home
(e) Mothers stay BEFORE delivery: _____
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Elk City
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Elk City, Ida
4. **FULL NAME OF CHILD** Jessie Mildred Baskett
5. Date of Birth of Child Sept. 10-1898
(Month, day, year)
6 Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** George Lee Lafayette Baskett
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Oregon
(City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business Druggist.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maud M. Parr
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Los Gatos, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Idaho } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the friend of mother the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 72 years of age, that I have known this person for 47 years, and that
Sophia Jones, midwife, who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

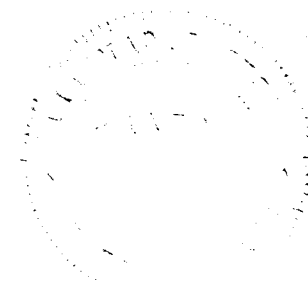
Nellie M. Gantee Signature
Grangeville, Idaho P. O. Address _____
Subscribed and sworn to before me this 9th day of October, 1945.
(SEAL) Orlwin Campbell Notary Public, residing at Grangeville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)
Received for filing on OCT 16 1945 by M. J. Elder, Registrar

ACT 16
OCT 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-213-087-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 412001

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Trout Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county 2 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Trout Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD Rose Lucy Lewis
6. Sex female 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child April 13, 1949
(Month, day, year)

FATHER OF CHILD
10. FULL NAME Emmanuel Louis
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Azores (City or town) (State foreign country)
14. Exact Occupation Cattle rancher
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Johanna Anderson
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____ Midwife _____

State of California } ss.
County of Butte

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for 47 years, and that Mrs Mary Hrisvall who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 13 day Oct., 1949.
(SEAL) Leonard B. Chase Notary Public, residing at Butte Co., Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1945 by Mabel H. Baker Registrar.

60814
NOV 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

491-129 006-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **413114**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Victor</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Victor</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Edgar Leroy Drake</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 29, 1898</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Fred Jacob Drake</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Elba Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Viola Josephine Bowles</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Burkes Garden Tazewell Co, Virginia</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House-wife</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 1:00 P.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Viola J. Drake
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's OWN signature Viola J. Drake **M.D.** _____ **Address** _____ **Date** 11-16-45
Midwife Deceased

State of Idaho **County of** Teton } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that
Lavina Drake, who attended this birth is now deceased further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Viola J. Drake Signature
Victor, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of Nov., 1945

(SEAL) M. R. Miner Notary Public, residing at Driggs, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

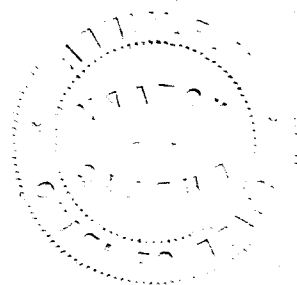
Received for filing on DEC 10 1945 by M. R. Miner Registrar

DEC 11 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

132-222-007-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **41348**
Local Reg. No. **413148**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Picabo</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>11</u> years <u>4</u> months <u>days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>11 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Esther Albrethsen</u>		5. Date of Birth of Child <u>June 22, 1898</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Albert Albrethsen</u>		16. FULL MAIDEN NAME <u>Hannah Larson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>41</u> yrs.		18. Age at time of THIS birth <u>38</u> yrs.	
13. Birthplace <u>Denmark</u> (City or town) (State or foreign country)		19. Birthplace <u>Denmark</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn)
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho
County of Ada } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Mrs. James Carey, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 14 day of January 1948

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

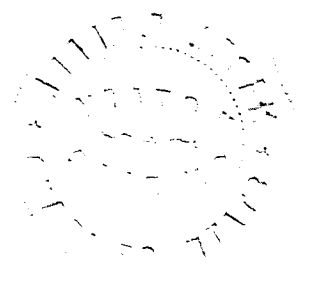
Received for filing on JAN 14 1948 by Mary Elder, Registrar

JAN 1 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

343 215 006 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. **414214**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>Water Avenue</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>Water Avenue</u> (e) How long has MOTHER lived in Idaho? <u>2 1/3</u> yrs.	
4. FULL NAME OF CHILD <u>Esther Venette Cutter</u>		5. Date of Birth of Child (Month, day, year) <u>July 15, 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Thomas Cutter</u>	16. FULL MAIDEN NAME <u>Esther Josephine Anderson</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>32</u> yrs.	18. Age at time of THIS birth <u>20</u> yrs.		
13. Birthplace <u>French Grove, Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Carver, Minnesota</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Druggist</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of King }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 47 years, and that Mrs. E. A. Rue who attended this birth in home and I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8 day of January, 1946
(SEAL) _____, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Mrs. Esther Josephine Cutter P. O. Address _____
Charles A. Bell

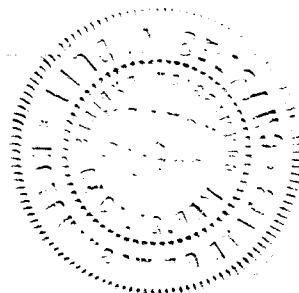
Received for filing on JAN 16 1946 by Mary Elder, Registrar

JAN 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867-109-004-443
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 415296
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Liberty
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Liberty
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Liberty

4. **FULL NAME OF CHILD** George Haven Hoge
5. Date of Birth of Child Sept. 9, 1898
(Month, day, year)
- 6 Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>George Hoge</u> | 16. FULL MAIDEN NAME <u>Mary Jane Mulvy</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>31</u> yrs. | 18. Age at time of THIS birth <u>32</u> yrs. | 13. Birthplace <u>Carlisle, England</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Carlisle, England</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>Farming</u> | 21. Industry or Business <u>Housewife</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

- State of Province of Alberta } ss.
County of Canada }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that Doctor Hoyer (First name) (Last name) who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo Hoge Signature
Granum, Alberta, Canada P. O. Address

Subscribed and sworn to before me this 14th day of January, 1946.

(SEAL) James J. Linnell Notary Public, residing at MacLeod,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) Province of Alberta

Received for filing on JAN 24 1946 by Mary E. Linnell Canada, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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APR 27 1938

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-229-029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **416308**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Eva Alice Christenson</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 29, 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Julius Christenson</u>		14. FULL MAIDEN NAME <u>Elsie Johnson</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>34</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Marebo, Denmark</u> (City or town) (State or foreign country)		19. Birthplace <u>Lolland, Denmark</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife (farmer)</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature Idaho Latah ss. uncle
M.D. Address Date
Midwife

AFFIDAVIT
State of Idaho }
County of Latah } ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 48 years, and that Mrs. Knute Qualey who attended this birth Cannot be located further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Martine Signature
MOSCOW Ida P. O. Address
Subscribed and sworn to before me this 10 day of Oct 1945
(SEAL) Barbara Miller Notary Public, residing at MOSCOW
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 25 1946 by Mary Elder Registrar

FEB 26 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-120-241-419

416364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **416364**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 20 yrs.

4. FULL NAME OF CHILD Charles Jackson Bullard
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) Apr. 24, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

6 Sex male
FATHER OF CHILD
10. FULL NAME Charles Jackson Bullard
11. Color or Race W. 12. Age at time of THIS birth 40 yrs.
13. Birthplace Cambridge, Mass.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Lillian Luella Marler
17. Color or Race W. 18. Age at time of THIS birth 20 yrs.
19. Birthplace Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 34 1/2 years, and that not known who attended this birth. I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record—
under Chapter 139, 1937 Session Laws.

Anna Bullard Sanders Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of June 1945
(SEAL) C. H. Hager Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1945 by Mary E. Blair, Registrar

JUL 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455-231-006-284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **417377**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Dona
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Dona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

4. **FULL NAME OF CHILD** Oliver Denning
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Dona Idaho
5. Date of Birth of Child (Month, day, year) 8/31/1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** James Henry Denning Sr
11. Color or Race white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Marmothwaite England
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Jane Squires
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho Utah } ss.
County of Blaine Weber }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 79 years of age, that I have known this person for 47 years, and that
Mrs. R. W. Denning midwife, who attended this birth deceased, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Signature Emma Jane Denning P. O. Address 1072-24th Ogden Utah
Subscribed and sworn to before me this 1st day of March 1944
(SEAL) Notary Public, residing at Ogden, Utah
My Comm. expires on March 1, 1945 (Notary Public Code Annotated.)
Received for filing on APR 16 1946 by John F. Elder, Registrar

APR 17 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

849731 008 291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **418455**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Garden Valley</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>34</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Horseshoe Bend</u> (d) Street Address or R.F.D. No. <u>--</u> (e) How long has MOTHER lived in Idaho? <u>34</u> yrs.	
4. FULL NAME OF CHILD <u>RAYMOND GEORGE QUINN</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 31, 1898</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd <u>--</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Maurice Quinn</u>		16. FULL MAIDEN NAME <u>Mary Ann Brainard</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>43</u> yrs.		18. Age at time of THIS birth <u>38</u> yrs.	
13. Birthplace <u>Lowell Mass.</u> (City or town) (State or foreign country)		19. Birthplace <u>Trinity County, Calif.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>--</u>		21. Industry or Business <u>--</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho **County of** Ada } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 86 years of age, that I have known this person for 47 years, and that Mrs. Ellen Garrison who attended this birth is now deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samie Quinn Signature
704 Washington St., P. O. Address
Boise, Idaho
Subscribed and sworn to before me this 1st day of May, 1946
(SEAL) Philip H. Quinn Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 13 1946 by Mary H. Holder Registrar

DEC 23 1949

FEB 21 1955

AUG 14 1962

DEC 4 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

111-213003-352

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **419543**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Postville
(c) Street Address or R.F.D. No. 1456 N. 1st
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Postville
(d) Street Address or R.F.D. No. 1456 N. 1st
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Mary Ellen Haas
6 Sex Female ☒ Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Postville, Idaho
5. Date of Birth of Child (Month, day, year) Oct 13-1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** August Haas
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Cassville Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Genl. Blacksmith

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Jane Lebo
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Beetown Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Margaret Jane Haas (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 48 years, and that Bird (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Father A Haas Mother Margaret Haas Signature _____
1004 N. 8th Ave. Postville Idaho Address _____

Subscribed and sworn to before me this Third day of June, 1946.
(SEAL) John Anderson Notary Public, residing at Soda Springs Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by Mary F. Lister Registrar

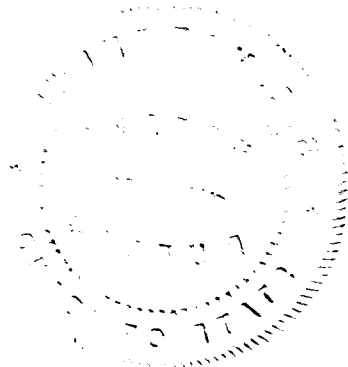
JUL 17 1946

JUN 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-222 003-145

419575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Cleveland</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>Home of Child's Mother & Father</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>22</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Cleveland</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>24</u> yrs.	
4. FULL NAME OF CHILD <u>Martha Forman</u>		5. Date of Birth of Child (Month, day, year) <u>October 22, '98</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Aaron Maudshaw Forman</u>		16. FULL MAIDEN NAME <u>Emily Ames</u>	
11. Color or Race <u>W</u>		17. Color or Race <u>W</u>	
12. Age at time of THIS birth <u>30</u> yrs.		18. Age at time of THIS birth <u>26</u> yrs.	
13. Birthplace <u>New York City, N. Y.</u> (City or town) (State or foreign country)		19. Birthplace <u>WHEELING, W. VA.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farm</u>		21. Industry or Business <u>Farm</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u>		(b) Born alive and now living <u>4</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bannock }
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 47 years, and that Unknown who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

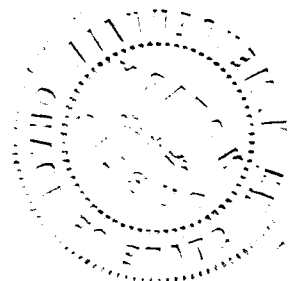
Subscribed and sworn to before me this 11 day of June, 1946
(SEAL) Wm Mendenhall Notary Public, residing at Shafter, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUN 21 1946 by Mabel Elder, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

77514



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962-120029 437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **420659**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>Raymond Lawrence Robbins</u>		5. Date of Birth of Child (Month, day, year) <u>May 20, 1898</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Sherman Robbins</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Rockford, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Owner of Ice and Fuel Company</u> 15. Industry or Business <u>Ice and Fuel Company</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary A. McGarr</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Auburn, New York</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Latah }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 48 years, and that Dr. C. L. Gritman who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

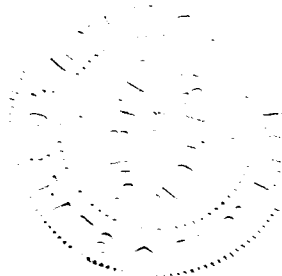
Subscribed and sworn to before me this 24th day of June, 1946
(SEAL) E. J. Thompson, Notary Public, residing at Marion, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUN 28 1946 by Mary A. McGarr, Registrar

JUN 30 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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966-111-015-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **420668**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Caribou</u>	(b) City <u>Soda Springs</u>	(a) State <u>Idaho</u>	(b) County <u>Caribou</u>
(c) Street Address or R.F.D. No.		(c) City <u>Soda Springs</u>	
(d) Name of Hospital or Maternity Home: <u>Caribou County Hospital</u>		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: <u>All life</u>		(e) How long has MOTHER lived in Idaho? yrs.	
In THIS county years months days			

4. FULL NAME OF CHILD <u>Dewey Earl Root</u>	5. Date of Birth of Child (Month, day, year) <u>11th May, 1898</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Delbert Root</u>	16. FULL MAIDEN NAME <u>Delphia Bronson</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth yrs.	18. Age at time of THIS birth yrs.
13. Birthplace <u>Not known, Michigan</u>	19. Birthplace <u>Huntsville, Utah</u>	(City or town)	(State or foreign country)
14. Exact Occupation <u>Painter</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u> </u>	21. Industry or Business <u> </u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver Nitrate</u>
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature Deceased. **M.D. Address** **Date**

State of Idaho } ss. **AFFIDAVIT**
County of Caribou } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 48 years, and that Dr. Ellis Kackley who attended this birth Now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter-139, 1937 Session Laws.

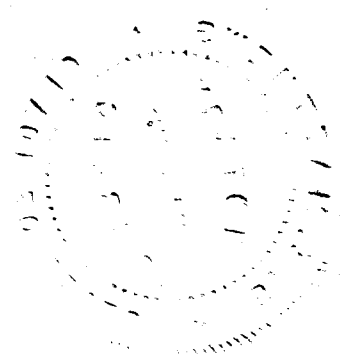
Delphia Root Signature
Soda Springs, Idaho P. O. Address
Subscribed and sworn to before me this 24 day of June, 1946
(SEAL) J. G. Sanders Notary Public, residing at SODA SPRINGS, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUN 28 1946 by Harry H. Bledsoe Registrar

JUN 30 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753-209,003-972

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **421896**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Downey</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years - months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Downey (Woodland Ward)</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Hazel Elizabeth Petersen</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 9, 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Niels Petersen</u>		16. FULL MAIDEN NAME <u>Jennisena Caroline Ipsen</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>34</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Emb. Denmark</u> (City or town) (State or foreign country)		19. Birthplace <u>Near Downey, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho **County of** Oneida **ss.** _____

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 47 years, and that Mrs. John Wakley, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Signature _____
Jennisena Caroline Petersen
Malad City, Idaho P. O. Address _____

Subscribed and sworn to before me this 19 day of July, 1946

(SEAL) _____ Notary Public, residing at Malad City, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1946 by Malad City, Registrar

AUG 1 1946

JAN 8 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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113-283-001-853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **421959**
Local Reg. No. **421959**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3 mo.</u> yrs.	
4. FULL NAME OF CHILD <u>Gladys Aurelia Jackman</u>		5. Date of Birth of Child (Month, day, year) <u>10/23/98</u>	
6 Sex <u>female</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Fred Rumsey Jackman</u>		16. FULL MAIDEN NAME <u>Pauline Held</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>New York, New York</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>baggage man - railroad</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>railroad</u>		21. Industry or Business <u>--</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>silver nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of California } ss. **AFFIDAVIT**
County of Los Angeles } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 48 years, and that Doctor McClellan who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 16 day of July, 19 46
(SEAL) J. P. Norman Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on AUG 22 1946 by Pauline Held Registrar

AUG 22 1946 AUG 23 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-123-001-917

422012

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. **422012**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>near Cole School</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Lie William Wallace Cole</u>		5. Date of Birth of Child (Month, day, year) <u>May 23, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Clinton Lowell Cole</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>54</u> yrs. 13. Birthplace <u>Massachusetts</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>Rancher</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Georgia Zapp</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Nevada Virginia City</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Ada }

I, the undersigned, being first duly sworn, say that I am the 1st. cousin of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that _____ (First name) _____ (Last name), who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 10th day of October, 1946
(SEAL) Walter E. Fisher Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1946 by John W. Wright, Registrar

OCT 20 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365 708040-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **423243**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho

4. **FULL NAME OF CHILD** Frederick Kenneth Conklin
5. Date of Birth of Child
(Month, day, year) June 8, 1898
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes
- FATHER OF CHILD**
10. **FULL NAME** George Almer Conklin
11. Color or Race White 12. Age at time of THIS birth. 25 yrs.
13. Birthplace Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Margarete McKay
17. Color or Race White 18. Age at time of THIS birth. 22 yrs.
19. Birthplace Edinburgh, Scotland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of Oregon } ss.
County of Wagon

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 48 years, and that Mrs. Conklin who attended this birth. is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Helen Francis Lyons Signature
840 N. 1st St. Salem, Ore. P. O. Address

Subscribed and sworn to before me this _____ day of _____ 1946

(SEAL)


(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Sept. 26, 1944.)

Received for filing on SEP 5 1946 by John W. Wright Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

412-21029-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **423299**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county - years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

4. **FULL NAME OF CHILD** Jozina Mahilda Khatson
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

3. **RESIDENCE OF FATHER** (city, state) Latah Genesee
5. Date of Birth of Child Sept. 12, 1898
(Month, day, year)
8. No. months of Pregnancy Full 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Khatson
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martina Miller
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Minnesota Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho ss.
County of New Westminster

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4. above, that I am now 46 years of age, that I have known this person for 48 years, and that Mrs. William Rogers who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

William L. Pink 304 969-1041 N. Br. Edmont P. 8. Address _____
Subscribed and sworn to before me this 14 day of August 1946
(SEAL) William L. Pink Notary Public, residing at 1041 N. Br. Edmont P. 8.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

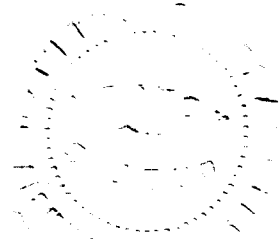
Received for filing on SEP 16 1946 by John W. Wright Registrar

JUL 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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914-110 016 914

423300

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CASSIA (b) City ALBION
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
IN THIS county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CASSIA
(c) City ALBION
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state) ALBION, IDA.

4. FULL NAME OF CHILD DAVID WILLIAM RAMME

5. Date of Birth of Child (Month, day, year) JAN. 10, 1898

6. Sex MALE **7. Twin or Triplet** NO **8. If so—born 1st, 2nd, 3rd** —

8. No. months of Pregnancy 9 **9. Legitimate?** YES

FATHER OF CHILD

10. FULL NAME Edmund Henry Ramme
11. Color or Race AMER. **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Menominee, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Printer & musician
15. Industry or Business X

MOTHER OF CHILD

16. FULL MAIDEN NAME EVELYN SUSAN RAMME
17. Color or Race AMER. **18. Age at time of THIS birth** 23 yrs.
19. Birthplace Fillmore, Utah
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN at 12 M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by EVELYN RAMME, who is related to this child as MOTHER (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of IDAHO }
County of CASSIA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 48 years, and that Dr. R. T. Story, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires Dec. 23, 1948.

Evelyn Susan Ramme.
ALBION, IDAHO

Signature

P. O. Address

Subscribed and sworn to before me this 10 day of Sept. 1946

(SEAL)

Marie Burger Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 16 1946

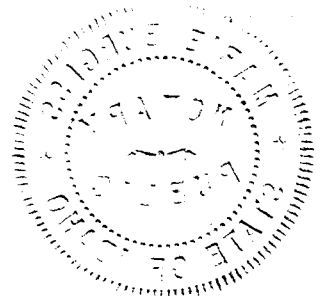
by John W. Wright Registrar.

SEP 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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749 211 036-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **424608**
Local Reg. No. _____
Reg. Dist. No. _____

SEP 14 1946

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Oneida
 - (b) City Whitney
 - (c) Street Address or R.F.D. No. _____
 - (d) Name of Hospital or Maternity Home: _____
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho
 - (b) County Oneida
 - (c) City Whitney
 - (d) Street Address or R.F.D. No. _____
 - (e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) Whitney, Idaho
4. **FULL NAME OF CHILD** Saphrona Purnell
5. Date of Birth of Child
(Month, day, year) June 11, 1898
- 6 Sex female
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____
9. Legitimate? Yes
- FATHER OF CHILD**
 10. **FULL NAME** Ernest Alfred Purnell
 11. Color or Race White
 12. Age at time of THIS birth 41 yrs.
 13. Birthplace Kaysville Utah
(City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business Farming
- MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Alice Foster
 17. Color or Race White
 18. Age at time of THIS birth 29 yrs.
 19. Birthplace Richmond Utah
(City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____
(Born alive, stillborn)
(First name) (Last name)
who is related as _____
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Utah
County of Salt Lake } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for life years, and that (Mrs.) Sarah Beckstead (midwife) who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Alice F Purnell Signature

65 No. West Temple, Salt Lake City, Ut. P. O. Address

Subscribed and sworn to before me this 26th day of September 1946
(SEAL) Margaret Eliza Fraser Notary Public, residing at Salt Lake City, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1946 by John W. Wright Registrar

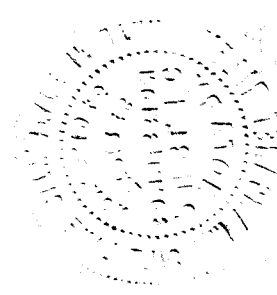
OCT 12 1946

OCT 10 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



OCT 11 1946

Use only BLACK Ink or BLACK Reborn typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

463 213-035-545

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **426022**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Nez Perce</u> (c) Street Address or R.F.D. No. <u>Idaho</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Nez Perce</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Sharloettie Elizabeth Boles,</u>		5. Date of Birth of Child (Month, day, year) <u>Aug 13th 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Howard Boles,</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>48</u> yrs. 13. Birthplace. <u>Topeka</u> <u>Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD <u>Edenburn</u> 16. FULL MAIDEN NAME <u>Charlottie Lucinda</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>43</u> yrs. 19. Birthplace _____ <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Worked as domestic</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> , (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Province Of Alberta } ss.
County of Canada }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 48 ~~81~~ years of age, that I have known this person for _____ years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

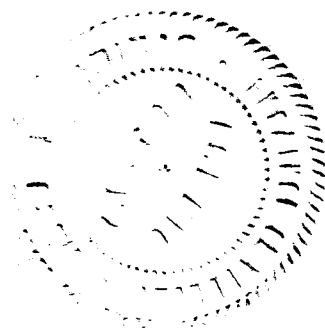
Sharloettie Lucinda Boles Signature
R.R. 3 Eckville Alberta P. O. Address
My Commission expires December 31st, 1948
Subscribed and sworn to before me this twenty second day of October 1946
(SEAL) S. B. Lausen My Comm. Expires December 31st, 1946
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Alberta
Received for filing on NOV 7 1946 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

APR 2 1918



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **426040**
Local Reg. No. _____
Reg. Dist. No. _____

21 1948

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 6th & Washington
(d) Name of Hospital or Maternity Home: Grandmother's home
(e) Mothers stay **BEFORE** delivery: about 6 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 5th & Jefferson
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Helen Clara Maddux
5. **Date of Birth of Child** (Month, day, year) July 18, 1898
6. **Sex** female 7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** 9 9. **Legitimate?** yes

- FATHER OF CHILD**
10. **FULL NAME** Walter M. Maddux
11. **Color or Race** white 12. **Age at time of THIS birth** 26 yrs.
13. **Birthplace** Centralia Illinois
(City or town) (State or foreign country)
14. **Exact Occupation** Meat cutter
15. **Industry or Business** Retail meat
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lelia Ada Fisher
17. **Color or Race** white 18. **Age at time of THIS birth** 25 yrs.
19. **Birthplace** Nova Scotia
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business** -

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

- State of Washington } ss. **AFFIDAVIT**
County of Snohomish }

- I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 48 years, and that Doctor W. A. Adair (First name) (Last name), who attended this birth is now deceased (Is now deceased or (Cannot be located)) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claude W. Buffum Signature
Route 5, Box 318, Everett, Wash. P. O. Address

Subscribed and sworn to before me this 16th day of October, 19 46
(SEAL) Thos. A. Stiger Notary Public, residing at Everett, Wash.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

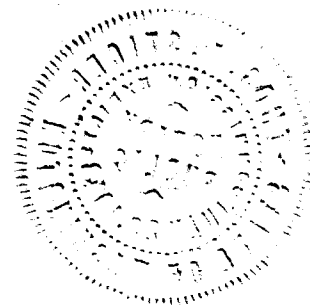
Received for filing on NOV 1 1946 by John A. Wright, Registrar

1946 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-222-207-255

426092

426092

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Blaine
 - (b) City Corral
 - (c) Street Address or R.F.D. No. _____
 - (d) Name of Hospital or Maternity Home: _____
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho
 - (b) County Blaine
 - (c) City Corral
 - (d) Street Address or R.F.D. No. _____
 - (e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) Corral, Idah
4. **FULL NAME OF CHILD** Kate Rosamond McCarter
5. Date of Birth of Child
(Month, day, year) Mar. 22, 1898
6. Sex Female
7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes
10. **FATHER OF CHILD**
 10. **FULL NAME** Hugh Franklin McCarter
 11. Color or Race White
 12. Age at time of THIS birth 53 yrs.
 13. Birthplace Virginia
(City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business _____
16. **MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Mary Jane Senter
 17. Color or Race White
 18. Age at time of THIS birth 40 yrs.
 19. Birthplace Mouth of Wilson, Virginia
(City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 48 years, and that Mrs. Lydia Jones, midwife, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Valerie McCarter Signature
4220 5th Ave. So., Boise, Ida. O. Address

Subscribed and sworn to before me this 13th day of January, 1947

(SEAL) La Verne O. Carver Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1947 by John W. [Signature] Registrar

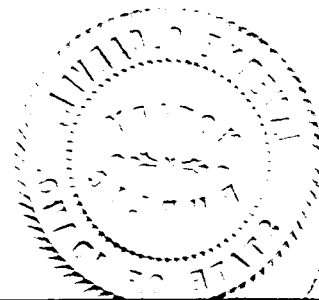
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 4 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



131-222-035-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **427550**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Negjeece (b) City Gifford
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD Ila Matilda Black

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John H Black
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Mo
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Negjeece
(c) City Gifford
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 53 yrs

3. RESIDENCE OF FATHER (city, state) Gifford Idaho

5. Date of Birth of Child Nov 22 1919
(Month, day, year)

8. No. months of Pregnancy nine 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Williams
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 8 A.M. on the date 8 Black, who is related to this child as Mother (First name) (Last name)
and at the place stated above, and that personal particulars were furnished by Mary (First name)

25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of Idaho County of Negjeece } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 43 years, and that Mrs. Geo Wyman who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Black Signature
Gifford Idaho P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942
(SEAL) D. C. Tribble Justice of the Peace, residing at Gifford
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W Wright Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 1946

DEC

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-115-036-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427556
Local Reg. No. 427556
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Rockland</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>yes</u> years <u>30</u> months <u>6</u> days <u>4</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Rockland</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>73</u> yrs.	
4. FULL NAME OF CHILD <u>Dewey Stredder</u>		5. Date of Birth of Child (Month, day, year) <u>May 15, 1898</u>	
6. Sex <u>M</u>	7. Twin or Triplet <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Smith Stredder</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>58</u> yrs. 13. Birthplace <u>England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emma Stredder</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>46</u> yrs. 19. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Laura Watts (First name) (Last name) who is related as Sister (Mother, etc.)

25. Attendant's OWN signature Grace Lish **M.D. Address** Rockland, Idaho **Date** May 15, 1898
State of Idaho **County of** Valley **ss.**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 48 years, and that Grace Lish (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Watts Signature
Donnelly Idaho P. O. Address

Subscribed and sworn to before me this 12 day of November, 1946
(SEAL) Notary Public, Notary Public, residing at Donnelly Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1946 by John W Wright, Registrar

DEC 4 1946

DEC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

430434

1. PLACE OF BIRTH
County of Ada
City of Boise
No. - - - St. - - -

Registration District No. - - - State File No. - - -

(If born in hospital or institution give name.) Prim. Registration District No. - - - Local Registrar's No. - - -

2. FULL NAME OF CHILD Lillian Wohlfarth

3. Sex Female If plural { 4. Twin, triplet, or other - - - 6. Premature - - - 7. Legiti- 8. Date of
births { 5. Number, in order of birth - - - Full term ✓ mate? Yes. birth Oct. 30 1898
(Month, Day, Year)

9. Full name FATHER Carl Wohlfarth 18. Full maiden name MOTHER Dora Benien

10. Residence (usual place of abode) Boise, Idaho 19. Residence (usual place of abode) Boise, Idaho
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 31 (years) 20. Color or race White 21. Age at last birthday 26 (years)

13. Birthplace (city or place) Rudolstadt, 22. Birthplace (city or place) Salado, Napoleon
(State or Country) Germany (State or Country) Ohio

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lutheran minister 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Church 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work October 30, 1898 17. Total time (years) spent in this work 6 25. Date (month and year) last engaged in this work October 30, 1898 26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation - - - { months or weeks 30. Cause of stillbirth { Before labor - - -
During labor - - -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at - - - m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Dora Wohlfarth M.D.
Give name added from a supplemental report - - - Mother - - - Midwife - - -

JAN 24 1907

(Date of)

*Address

Filed

July 1900

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

668-230-001-255

430454

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Nebraska
County of Jefferson

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Dora Wohlfarth being first duly sworn says that
she is the mother of Lillian Wohlfarth
(Relationship of child)*
born October 30, 1898 at Boise, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Lillian Wohlfarth

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Doctors name unknown, M. D., was the medical attendant at the birth of said Lillian Wohlfarth and that the said medical attendant is not known

(Now deceased (or) cannot be located)

Name of Affiant

Mrs Dora Wohlfarth

P. O. Address

Diller, Nebraska

Subscribed and sworn to before me this

10th

day of

July

1940

S. L. Hutchinson

Notary Public.

Residing at

Diller, Nebraska

Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

202 1947

APPROPRIATE
(To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)

being first duly sworn says that

I, John J. [illegible] of the County of [illegible] State of Idaho
do hereby certify that the foregoing is a true and correct
copy of the original certificate of birth as recorded in the
records of the County of [illegible] State of Idaho
and that the said certificate of birth is in full compliance with the
requirements of the laws of the State of Idaho.

Witness my hand and the seal of the State of Idaho at the City of
Boise, Idaho, this 10th day of April, 1947.

Attest further states that [illegible]
medical attendant at the birth of said [illegible]
and that [illegible]

(Now deceased (or) cannot be located)
Name of Affiant [illegible]

P.O. Address [illegible]
City [illegible] State [illegible]

Residing at [illegible]
County [illegible] State [illegible]

If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating
the relationship of the affiant, as brother, sister, cousin, etc.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 217 037 349

430521

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **430528**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Owyhee</u> (b) City <u>BRUNEAU</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>BRUNEAU</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>67</u> yrs.	
4. FULL NAME OF CHILD <u>EMMA MARIE TURNER</u>		5. Date of Birth of Child (Month, day, year) <u>MAR. 17 1898</u>	
6. Sex <u>F</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>William I Turner</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>BRUNEAU, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Cattle Raiser</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MARY AGNES TURMES</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>YANKTON, South DAKOTA</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>Yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 48 years, and that SUSANNA TURMES who attended this birth DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Turner Signature
P. O. Address _____
Subscribed and sworn to before me this 15 day of February 1947
(SEAL) Joe B. Hough Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on FEB 17 1947 by John W. Wright Registrar

FEB 18 1947

SEP 25 1954

JAN 21 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

246-101-219-163
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **431960**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Challis</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>17</u> years <u>--</u> months <u>--</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Challis</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>GEORGE DEWEY BOWMAN</u>		5. Date of Birth of Child (Month, day, year) <u>7-4-1898</u>	
6 Sex <u>male</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John August Bowman</u>		16. FULL MAIDEN NAME <u>Amanda Johnson</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>29</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Fairfield, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>unknown Sweden</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>laborer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>mining</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:00 A.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature Mrs Holly Elder **M.D. Address** _____ **Date** _____
OWN signature Mrs Holly Elder **Midwife** _____

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1947 by John W Wright Registrar

MAR 6 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

485-2 18-014-563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

4338405

State File No. **433405**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Middletown</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Middletown</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Lauretina Myers</u>		5. Date of Birth of Child <u>7-18-1898</u> (Month, day, year)	
6 Sex <u>7.</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9mo</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Love Myers</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>39 yrs.</u> 13. Birthplace <u>Lynn, Ind.</u> (City or town) <u>Indiana</u> (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Holm</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29 yrs.</u> 19. Birthplace <u>Burnham</u> (City or town) <u>Idaho</u> (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 48 years, and that Mrs. Lydston (First name) _____ (Last name) _____, who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of May 1947
(SEAL) Mary E. Fisher Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

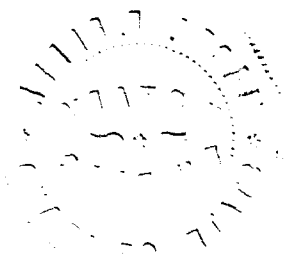
Received for filing on _____ by John W. Wright Registrar

MAY 12 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-120-038-766

APR 14 1947

433439

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Payette</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. <u>P.O. Box</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>2</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Payette</u> (c) City <u>Payette</u> (d) Street Address or R.F.D. No. <u>P.O. Box</u> (e) How long has MOTHER lived in Idaho? <u>1 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Warren Dupuy Smith</u>		5. Date of Birth of Child (Month, day, year) <u>May 20, 1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Robert Asa Smith</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>High Hill, Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Minister</u> 15. Industry or Business <u>Presbyterian Church</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lucy Clark Goodrich</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Montgomery City, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>?</u>			
23. Number of children of this mother: (a) At Time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of King }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 48 years, and that Dr. Charles M. Scott who attended this birth Now Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

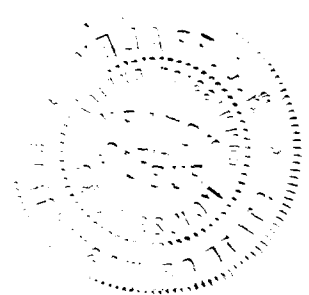
Signature _____ P. O. Address 1902 - ME 49 - Seattle, Wash.
Subscribed and sworn to before me this 12th day of April, 1947
(SEAL) _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 14 1947 by John W. Wright, Registrar

APR 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 228023 851

43 6363

436363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Rural District
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. Rural District
(e) How long has MOTHER lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ann Burns
5. **Date of Birth of Child** (Month, day, year) Dec. 28, 1898
6. **Sex** Female
7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** _____
9. **Legitimate?** Yes

- FATHER OF CHILD**
10. **FULL NAME** William H. Burns
11. **Color or Race** White
12. **Age at time of THIS birth** 26 yrs.
13. **Birthplace** Missouri
(City or town) (State or foreign country)
14. **Exact Occupation** Farmer
15. **Industry or Business** _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Axie M. Head
17. **Color or Race** White
18. **Age at time of THIS birth** 23 yrs.
19. **Birthplace** Texas
(City or town) (State or foreign country)
20. **Exact Occupation** Housekeeper
21. **Industry or Business** _____

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (To be completed when the attendant does not sign in Item 25.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for life years, and that Dr. Climer (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

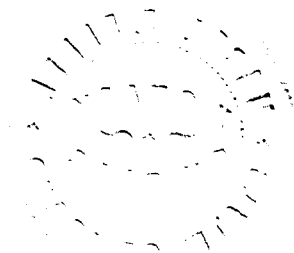
William H. Burns Signature
Emmett, Idaho P. O. Address
Subscribed and sworn to before me this 14 day of June 1947
(SEAL) John W. Wright Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1947 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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595 125 003-113

436411

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **436411**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>229 So. Garfield</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>229 So. Garfield</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>John Harman Nielson</u>		5. Date of Birth of Child (Month, day, year) <u>12-25-1898</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Niels Peter Nielson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation _____ 15. Industry or Business <u>Merchant</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Harriett Jackson</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Idaho } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 48 years, and that Dr. C. H. Castle who attended this birth now deceased further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this July 1 day of July 1947
(SEAL) _____ Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

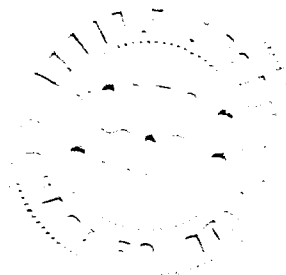
Received for filing on July 1, 1947 by John W. Wright Registrar

JUL 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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555-205003

United States 847
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436424
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City Pocatello
(c) Street Address or R.F.D. No. 1132 North 8th Ave.
(d) Name of Hospital or Maternity Home:
BORN AT HOME 1132 North 8th Ave
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years ☒ months ☒ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County BANNOCK
(c) City Pocatello
(d) Street Address or R.F.D. No. 1132 North 8th Ave
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. **FULL NAME OF CHILD** ELLEN JOSEPHINE ENNIS

5. Date of Birth of Child
(Month, day, year) 6-5-1898

6. Sex FEMALE 7. Twin or Triplet ☐ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Ennis
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace St Louis MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation R.R. machinest
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Hughes
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace VIRGINIA
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ☒

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by John Daniel Ennis who is related as Brother
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. Address _____
Midwife _____ Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 49 years, and that Mr. O. B. Steele who attended this birth Is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of June 1947
(SEAL) Theresa A. Buettner Notary Public, residing at Stockton, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

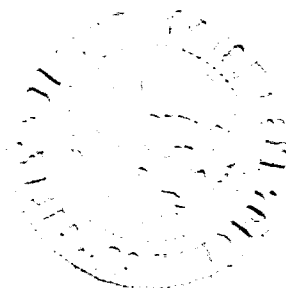
Received for filing on JUN 18 1947 by John W. Wright Registrar

JUN 19 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-222-233-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **437806**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Independence
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In THIS county Madison 8 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Independence
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

4. **FULL NAME OF CHILD** Amy Adelia Curd
6 Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Independence, Ida.
5. Date of Birth of Child (Month, day, year) Feb. 22, 1898
8. No. months of Pregnancy 0 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Curd
11. Color or Race white 12. Age at time of THIS birth _____ yrs.
13. Birthplace (City or town) _____ (State or foreign country) _____
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ophelia Curd
17. Color or Race white 18. Age at time of THIS birth _____ yrs.
19. Birthplace (City or town) Utah (State or foreign country) _____
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Bonneville }

I, the undersigned, being first duly sworn, say that I am the cousin (To be completed when the attendant does not sign in Item 25.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 49 years, and that Carlson, Mrs. — (First name) _____ (Last name) _____, who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of April, 1947
(SEAL) _____ Signature _____
_____ 157 Broadway, Idaho Falls, P. O. Address _____
Idaho _____, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUN 30 1947 by John W. Wright Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

UNITED STATES
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **439345**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Born in home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>Latah</u> years <u>20</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>LATAH</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>20</u> yrs	
4. FULL NAME OF CHILD <u>IVA, INGBOrg. ERICKSON.</u> <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>SEP. 24. 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD 10. FULL NAME <u>ANDY. ERICKSON</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>50</u> yrs. 13. Birthplace <u>SWEDEn</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business _____		MOTHER OF CHILD <u>Anderson</u> 16. FULL MAIDEN NAME <u>AMANDA ERICKSON</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>SweDen</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife.</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

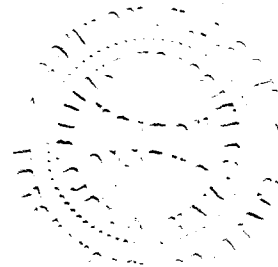
State of Washington } ss. **AFFIDAVIT**
County of Yakima }
I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that deceased Mecenather (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of July 1947
(SEAL) Miss H. N. Young Notary Public, residing at 304 North Alda, P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)
Received for filing on AUG 4 1947 by _____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **440799**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Omerda</u> (b) City _____ (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u>6</u> months <u>15</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Omerda</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Ellison Hartley</u>		5. Date of Birth of Child (Month, day, year) <u>Jan 17 1898</u>	
6 Sex <u>girl</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Burgham Hartley</u>	11. Color or Race <u>white</u>	16. FULL MAIDEN NAME <u>Julia Johnson</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>35</u> yrs.	13. Birthplace <u>Bountiful Utah</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>24</u> yrs.	19. Birthplace <u>Bountiful Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>	15. Industry or Business _____	20. Exact Occupation <u>house wife</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 11 P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife Emily Lusk

State of Idaho County of Omerda ss. **AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that Emily Lusk who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of August 1927
(SEAL) _____ Signature _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) _____ P. O. Address _____
Notary Public, residing at Bountiful

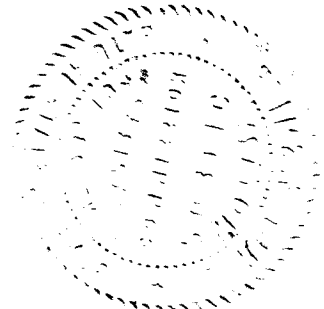
Received for filing on _____ by _____, Registrar

AUG 26 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **440818**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Do not know
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery: do not know
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lucille Elizabeth Abbott
5. Date of Birth of Child (Month, day, year) Dec. 5, 1898
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Herbert Mason Abbott
11. Color or Race White 12. Age at time of THIS birth _____ yrs.
13. Birthplace Keene, New Hampshire
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Antoinette Smith
17. Color or Race White 18. Age at time of THIS birth _____ yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of California } ss.
County of San Francisco }

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 51 years of age, that I have known this person for 48 years, and that
who attended this birth _____ I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Dorothea Abbott Brown Signature
2128 Van Ness Ave., San Francisco P. O. Address
Calif.

Subscribed and sworn to before me this 6th day of August, 1947

(SEAL) _____ Notary Public, residing at SAN FRANCISCO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 29 1947 by John W. Wright Registrar
MY COMMISSION EXPIRES MAY 23, 1948

AUG 29 1947

APR 29 2015

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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914 216 006 318
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

440852
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Woodville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Woodville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Edna E. Melina Hammer</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 16, 1898</u>	
6. Sex <u>female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Michael Rimmer Hammer</u>		16. FULL MAIDEN NAME <u>Anna Maria Jayson</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>25</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Smithfield Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Meadow Millard Co Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>one</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for all her life years, and that Doctor Pendelton who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Michael R. Hammer Signature
Shelley, Idaho, RFD 1 P. O. Address

Subscribed and sworn to before me this 25th day of September, 1945
(SEAL) R. B. [Signature] Notary Public, residing at Shelley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 11 1947 by John W. Wright Registrar

SEP 11 1917

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of 25 cents, money order or coin.

469-116-D14-156

442201

442201

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** EDWARD PERCIVAL MORDEN

5. Date of Birth of Child
(Month, day, year) July 16, 1898

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Morden
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Hanaover - Canada
(City or town) (State or foreign country)
14. Exact Occupation Labourer
15. Industry or Business -----

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan K. Jeffkins
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Elmwood - Canada
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.)
25. Attendant's M.D. Dr. Deceased Nurse Deceased
OWN signature Midwife Address Date

County of Ontario } ss.
County of York }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Life years, and that Dr. Cameron, who attended this birth is now Deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of....., 1946
(SEAL) Notary Public Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho, Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1947 by John Wright, Registrar.

OCT 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **442219**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 14 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

4. FULL NAME OF CHILD

Hazel Julia Ayres

5. Date of Birth of Child

(Month, day, year) Sept 7, 1898

6. Sex

Female

7. Twin or
Triplet

If so—Born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Lafayette Ayres

11. Color or Race

White

12. Age at time
of THIS birth 39 yrs.

13. Birthplace

Pope Co., Missouri
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Gemima Ann Ayres

17. Color or Race

White

18. Age at time
of THIS birth 33 yrs.

19. Birthplace

Cave, Oregon
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

Edo Fall

M.D.
Midwife

Address Meriden

Date May 1-42

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 11 1947 by John H. Wright, Registrar.

OCT 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-113-2412-813
United States
Department of Commerce
Bureau of the Census

442268
(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 442268
Local Reg. No. 442268
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County _____ (b) City ROCKCREEK
(c) Street Address or R.F.D. No. Rockcreek
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mothers stay BEFORE delivery:
In THIS county 1 years 6 months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City ROCKCREEK (ROCKCREEK)
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) ROCKCREEK

4. **FULL NAME OF CHILD** ENNIS HALLING COMBS
5. **Date of Birth of Child**
(Month, day, year) MARCH 13 - 1898
6. **Sex** MALE
7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** 9
9. **Legitimate?** yes

- FATHER OF CHILD**
10. **FULL NAME** JAMES ENNIS COMBS
11. **Color or Race** WHITE
12. **Age at time of THIS birth** 44 yrs.
13. **Birthplace** WINSOR MISS,
(City or town) (State or foreign country)
14. **Exact Occupation** BOOK KEEPER
15. **Industry or Business** BUSINESS
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** MINNIE HALLING
17. **Color or Race** WHITE
18. **Age at time of THIS birth** 28 yrs.
19. **Birthplace** BRIGHAM CITY UTAH
(City or town) (State or foreign country)
20. **Exact Occupation** HOUSE WIFE
21. **Industry or Business** _____

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 2 A. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of California } ss.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 49 years, and that the midwife who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edith E Vause Signature
568 Chester Street, Ogden, Utah P. O. Address

Subscribed and sworn to before me this 15th day of October, 1947

(SEAL) Wesley A. Gaudy Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires April 18, 1948)

Received for filing on OCT 27 1947 by John W. Wright, Registrar

OCT 27 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-116-037-623

442269

442269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Glen G. Wilson
5. **Date of Birth of Child**
(Month, day, year) Jan 16, 1898
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|---|
| 10. FULL NAME <u>Robert B. Wilson</u> | 16. FULL MAIDEN NAME <u>Ida E. Will</u> | 11. Color or Race <u>White</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>28</u> yrs. | 18. Age at time of THIS birth <u>31</u> yrs. | 13. Birthplace <u>Murphysboro, Illinois</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Murphysboro, Ill.</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>School Teacher</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business _____ | 21. Industry or Business _____ |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for life years, and that Dr. Weston who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert B. Wilson Signature
217 Myrtle St. Boise, Idaho P. O. Address
Subscribed and sworn to before me this 27 day of October 1947.
(SEAL) Maude E. Elden Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

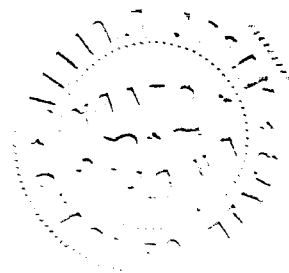
Received for filing on OCT 27 1947 by John W. Wright Registrar

OCT 27 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-225-008-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **443651**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: -
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

4. **FULL NAME OF CHILD** Mary Lucile Fairchild

5. Date of Birth of Child
(Month, day, year) Feb. 25, 1898

6 Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles C. Fairchild
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ontario, Canada
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Frances Connors
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Placerville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Ada } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 49 years, and that Dr. R. M. Fairchild (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles C. Fairchild Signature
Placerville, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of November 1947
(SEAL) John W. Wright Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

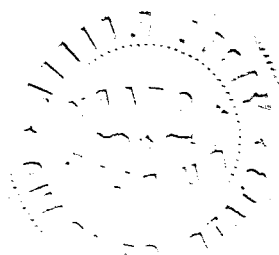
Received for filing on NOV 13 1947 by John W. Wright Registrar

NOV 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

330-213014 310
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445013
Local Reg. No. 445013
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho
4. **FULL NAME OF CHILD** Leresa Maryann Lloyd
5. **Date of Birth of Child**
(Month, day, year) April 13-1898
6. **Sex** Female
7. **Twin or Triplet** _____ If so—born _____
1st, 2nd, 3rd
8. **No. months of Pregnancy** 9
9. **Legitimate?** yes

- FATHER OF CHILD**
10. **FULL NAME** Ernest Edgar Lloyd
11. **Color or Race** White
12. **Age at time of THIS birth** 23 yrs.
13. **Birthplace** Ketleby Ontario
(City or town) (State or foreign country)
14. **Exact Occupation** farmer
15. **Industry or Business** _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Cora Anna Taylor
17. **Color or Race** White
18. **Age at time of THIS birth** 20 yrs.
19. **Birthplace** Superior Nebraska
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business** _____

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

- State of Washington } ss. **AFFIDAVIT**
County of Bliss } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 68 years of age, that I have known this person for Life years, and that Dr. Kahler who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 9th day of December, 1947
(SEAL) L.H. Jasker Notary Public, residing at Post Orchard
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

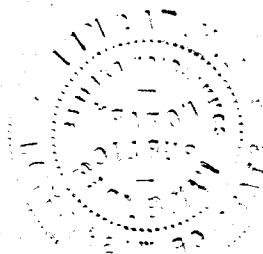
- Received for filing on Dec 15-1947 by John W. Wright Registrar

DEC 16 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



859-210-006-214

447681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **447681**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Bingham</u>	(b) City <u>Idaho Falls</u>	(a) State	(b) County
(c) Street Address or R.F.D. No. <u>R.F.D. I</u>		(c) City	
(d) Name of Hospital or Maternity Home: <u>at residence</u>		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u> </u> years <u> </u> months <u> </u> days		(e) How long has MOTHER lived in Idaho?	

4. FULL NAME OF CHILD <u>Enid Herbs</u>	5. Date of Birth of Child (Month, day, year) <u>December-10-18</u> ⁽¹⁸⁹⁸⁾
6. Sex <u>female</u>	7. Twin or Triplet <u>single</u>
8. No. months of Pregnancy <u>nine</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Andy Herbs</u>	16. FULL MAIDEN NAME <u>Margaret Sauers</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>26</u> yrs.	18. Age at time of THIS birth <u>24</u> yrs.		
13. Birthplace <u>Ft. Douglas, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Ft. Douglas, Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farming</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business <u>same</u>	21. Industry or Business <u>same</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 4:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Herbs DeCraene who is related as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature (Margaret DeCraene) M.D. Address Date

State of Washington } ss.
County of Lewis

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that D. Pilligan (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. B. L. DeCraene Signature
1109- West- Plum St., P.O. Address
Centralia, Wash.

Subscribed and sworn to before me this 27th day of January, 1948.
(SEAL) Maudie E. Edwards Notary Public, residing at Centralia, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1948 by John W. Wright Registrar.

JAN 30 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533 - 211-029-556

447692

United States
Department of Commerce
Bureau of the Census

FEB 2 1948

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **447692**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ketchum</u> (b) City <u>Kendrick</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Pierce</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Mildred Genevieve Ellis</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 11, 1898</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Marion Albert Ellis</u>		16. FULL MAIDEN NAME <u>Adela Mervina Newton</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>29 yrs.</u>		18. Age at time of THIS birth <u>35 yrs.</u>	
13. Birthplace <u>Illinois</u> (City or town) _____ (State or foreign country) _____		19. Birthplace <u>New York State</u> (City or town) _____ (State or foreign country) _____	
14. Exact Occupation <u>miner</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Gold Mining</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

AFFIDAVIT

State of Montana } ss. (To be completed when the attendant does not sign in Item 25.)
County of Broadwater }
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 48 years, and that Jessie unknown who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____ P. O. Address _____
Subscribed and sworn to before me this 29th day of January, 1948
(SEAL) _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1948 by John W. Wright Registrar

FEB 4 1948

APR 20 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-207-008-465

447699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **447699**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County. <u>Boise</u> (b) City. <u>Idaho City</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Idaho City</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.
--	--	--

4. FULL NAME OF CHILD <u>Lena Holmes</u> <u>female</u>	5. Date of Birth of Child (Month, day, year) <u>April 9, 1898</u>
6. Sex <u>female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>Pomeroy Holmes</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>45</u> yrs.
13. Birthplace <u>Sidney, Nebraska</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Freighter</u>
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Loretta Montgomery</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>31</u> yrs.
19. Birthplace <u>Rocky Bar, Idaho</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____

State of <u>Idaho</u> County of <u>Ada</u>	SS. _____
I, the undersigned, being first duly sworn, say that I am the <u>brother</u> of the person whose name appears _____ (Mother, etc.)	
in Item 4, above, that I am now <u>59</u> years of age, that I have known this person for <u>life</u> years, and that <u>now deceased</u> who attended this birth _____ I further _____ (First name) (Last name) (Is now deceased) or (Cannot be located)	
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.	

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

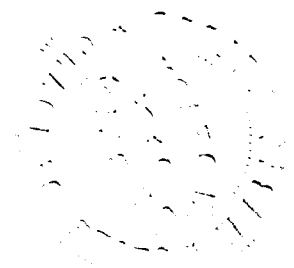
Subscribed and sworn to before me this <u>3rd</u> day of <u>Feb</u> 19 <u>48</u>	Signature _____ P. O. Address _____
(SEAL) _____ Notary Public, residing at <u>Boise, Ida</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)	
Received for filing on <u>2/4/48</u> by _____ Registrar	

FEB 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-214-003-815
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0205
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 9th., Avenue
(d) Name of Hospital or Maternity Home:
Born in our home
(e) Mothers stay **BEFORE** delivery:
In THIS county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 9th., Avenue
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Id
4. **FULL NAME OF CHILD** Miriam Abigal Brooks
5. Date of Birth of Child (Month, day, year) April 14, 1898
6 Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Edwin Brooks</u>	16. FULL MAIDEN NAME <u>Catherine D. Hannaford</u>	17. Color <u>white</u> or Race <u> </u>	18. Age at time of THIS birth <u>29</u> yrs.
11. Birthplace <u>Chambersburg, Illinois.</u> (City or town) (State or foreign country)	19. Birthplace <u>Milwaukee, Wisconsin.</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u> </u>
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of California } ss. **AFFIDAVIT**
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 50 years, and that Dr. J. H. Bean, Dr. J. H. who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edw. B. Brooks Signature
1730 Warwick Rd. San Marino, Cal. O. Address
Subscribed and sworn to before me this 8th day of April, 1948
(SEAL) W. H. Cunningham Notary Public, residing at San Marino, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on April 17, 1948 by Mark F. Fisher, Asst. Registrar

APR 17 1948

MAR 28 1952

FEB 20 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may ~~be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

652-205-035-853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0217

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Near Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county 17 years — months — days-
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Near Cameron
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Evela Ursula Webster
5. Date of Birth of Child Oct 5, 1898
(Month, day, year)
- 6 Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Arthur James Webster
11. Color or Race white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Mendota, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Rivera Grain Dealer
- MOTHER OF CHILD
16. FULL MAIDEN NAME Addie (King) Hechtner
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Olney, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum — name
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living —

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9 P. M. on the date — (Born alive, stillborn) Addie Webster and at the place stated above, and that personal particulars were furnished by Addie Webster (First name) (Last name) who is related as mother (Mother, etc.) Webster's mother
25. Attendant's OWN signature deceased M.D. — Address Mrs. Sarah M. Hechtner was the attendant Date —

State of Washington } ss.
County of Whitman }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 49 years, and that Sarah M. Hechtner (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of April, 1948.
(SEAL) — Notary Public, residing at Palouse, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

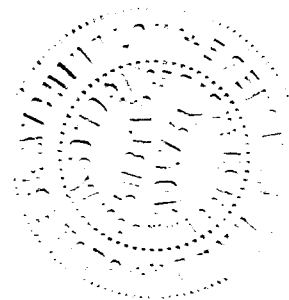
Received for filing on April 20, 1948 by John W. Wright, Registrar

APR 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-211-022-366

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0284
Department of Commerce
Bureau of the Census MAY 12 1948
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay BEFORE delivery: _____
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 64 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg Idaho

4. **FULL NAME OF CHILD** Vernah Elfrieda Stephens

5. **Date of Birth of Child** (Month, day, year) Sept. 11-1898

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Andrew Stephens

11. Color or Race White 12. Age at time of THIS birth 28 yrs.

13. Birthplace Ogden Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Beatrice Cook

17. Color or Race White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Withington Lancashire England
(City or town) (State or foreign country)

20. Exact Occupation House-wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7:30 AM. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN signature** _____ **Address** _____ **Date** _____
Midwife

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 73 years of age, that I have known this person for 50 years, and that
Mrs. Mary Sprunger who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
Signature Helena B. Stephens
P. O. Address Rexburg, Idaho

Subscribed and sworn to before me this May 8 day of May 1948
(SEAL) J. H. Smith Notary Public, residing at Rexburg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on MAY 14 1948 by John W. Wright Registrar

MAY 14 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315-201-029-133

United States (Be sure the information is as of date of birth of THIS child) State File No. DE48-0341
Department of Commerce CERTIFICATE OF BIRTH
Bureau of the Census MAY 24 1948 Local Reg. No.
STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City LINDEN
(c) Street Address or R.F.D. No. RURAL
(d) Name of Hospital or Maternity Home: H HOME
(e) Mother's stay BEFORE delivery, IN THIS county 10 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City LINDEN
(d) Street Address or R.F.D. No. RURAL
(e) How long has MOTHER lived in Idaho? 10 yrs
3. RESIDENCE OF FATHER (city, state) LINDEN IDA

4. FULL NAME OF CHILD MATTIE HANNAH LANGDON
5. Date of Birth of Child July 1-1898
(Month, day, year)
6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME JAMES LANGDON 16. FULL MAIDEN NAME MINNIE ELIZA ALLEN
11. Color or Race CAUCASIAN 17. Color or Race CAUCASIAN
12. Age at time of THIS birth 37 yrs. 18. Age at time of THIS birth 95 yrs.
13. Birthplace BOUBORN CO. KANSAS 19. Birthplace ALTONA ILLINOIS
(City or town) (State or foreign country)
20. Exact Occupation FARMER 21. Industry or Business HOUSEWIFE
22. Name prophylactic used to prevent Ophthalmia Neonatorum DO NOT KNOW
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of CALIFORNIA } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of LOS ANGELES

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for _____ years, and that J.C. WHITE M.D. who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Minnie Eliza Langdon
Los Angeles Calif. 1919 Colby P. O. Address

Subscribed and sworn to before me this _____ day of _____ 1948
(SEAL) _____ NOTARY PUBLIC in and for the State of California My Commission Expires April 20, 1949
(Note: Perjury is punishable as a felony in Idaho See Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1948 by John W. Wright Registrar.

MAY 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 - 228-035 - 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0429
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City near Mohler
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 6 months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Mohler, Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

4. **FULL NAME OF CHILD** Cora Bell Burk
6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) April 28-1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George Washington Burk
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Julia Emeline Livesay
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Oregon
County of Marion

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 50 years, and that Dr. Price who attended this birth _____ I further

(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of May 1948
Sarah E. Goughorn Signature
15124, Ore. P. O. Address

(SEAL) A. Houghton Notary Public, residing at 15124, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

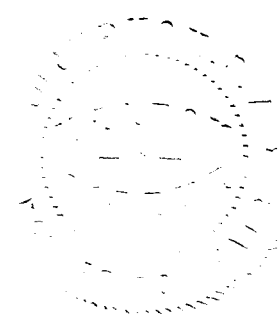
Received for filing on JUN 29 1948 by John W. Wright Registrar

JUN 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-214-004-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0431
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 65 yrs.
3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho
4. **FULL NAME OF CHILD** Phyllis Margaret Burgoyne
5. Date of Birth of Child (Month, day, year) April 14 1898
- 6 Sex Female 7. Twin or NO If so—born 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Edward Lorenzo Burgoyne
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Ft. Bridger Wyo
(City or town) (State or foreign country)
14. Exact Occupation Clothing Merchant
15. Industry or Business Merchant
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Jacobina (Binnie) Cederlund
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Gothland, Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

- State of Idaho } ss.
County of Bear Lake }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 50 years, and that _____, who attended this birth now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21st day of June, 1948,
(SEAL) Chas E. Harris, Notary Public, residing at Montpelier, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1948 by John W. Wright, Registrar

JUN 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-224-028-256

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0464
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City CATALDO
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City CATALDO
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) CATALDO IDAHO

4. **FULL NAME OF CHILD** NELLIE FRANCES MORRISON

5. **Date of Birth of Child** (Month, day, year) April 24 1898

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PATRICK MORRISON

11. Color or Race WHITE 12. Age at time of THIS birth 42 yrs.

13. Birthplace MICHIGAN
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY KNOWLES

17. Color or Race WHITE 18. Age at time of THIS birth 33 yrs.

19. Birthplace IRELAND
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho County of Kootenai } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 58 years of age, that I have known this person for 30 years, and that Mr. Katherine Dwyer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Eva Smith Signature _____
P. O. Address _____

Subscribed and sworn to before me this May day of May, 1938
(SEAL) Russ P. Galt Notary Public, residing at Kootenai, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1948 by Thos W. White Registrar

JUL 2 1948

FILE # FROM 464 TO DE48-0464 12/21/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659-13 213-035 RECORDED

United States
Department of Commerce
Bureau of the Census

JUL 24 1948

DIVISION OF VITAL

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County NEZPERCE (b) City
(c) Street Address or R.F.D. No. IN COUNTRY
(d) Name of Hospital or Maternity Home:
AT HOME SEVERAL YEARS.
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County NEZPERCE
(c) City NEAR LEMISTAN
(d) Street Address or R.F.D. No. about
(e) How long has MOTHER lived in Idaho? 40 yrs.

4. FULL NAME OF CHILD LOLA FERGUSON

5. Date of Birth of Child
(Month, day, year) Dec. 13 - 1898

6. Sex FEMALE 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME TOLLIFER DOCK FERGUSON
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace HOLDEN, MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME JENNIE L. PASTY
17. Color or Race WHITE 18. Age at time of THIS birth 33 yrs.
19. Birthplace PILOT ROCK, OREGON
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive in the day time M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jennie L. Ferguson,
(First name) (Last name)
who is related as Mother.
(Mother, etc.)

25. Attendant's
OWN signature (deceased) M.D. Address Date
Midwife X

State of Washington, ss.
County of Yakima,

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 83 (past) years of age, that I have known this person since her birth and that
Kate Kellogg, (now=deceased) who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Jennie L. Ferguson Signature
Parker Road, Wapato, Wash. P. O. Address

Subscribed and sworn to before me this 12th day of July, 1948.

(SEAL)

Realty Office Notary Public, residing at Wapato, Wash.
(Note: Perjury is punishable as a felony in Idaho—see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1948 by John W. Wright, Registrar.

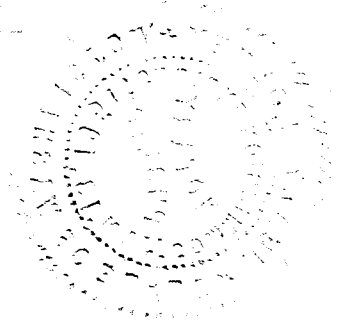
JUL 27 1948

FILE # FROM
526 TO
DE48-0526
12/24/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar, for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

466-205-255 RECEIVED JUL 30 1948

United States Department of Commerce Bureau of the Census DIVISION OF VITAL STATISTICS

State File No. DE48-0560
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county 8 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ada Angelina Moore

5. **Date of Birth of Child** (Month, day, year) Sept 5, 1898

6. **Sex** Female 7. **Swing or Triplet** Triplet 8. **No. months of Pregnancy** 9 9. **Legitimate?** Yes

FATHER OF CHILD

10. **FULL NAME** George Taylor Moore

11. **Color or Race** White 12. **Age at time of THIS birth** 45 yrs.

13. **Birthplace** Indiana
(City or town) (State or foreign country)

14. **Exact Occupation** Farmer

15. **Industry or Business**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angelina C. H. Manca

17. **Color or Race** White 18. **Age at time of THIS birth** 33 yrs.

19. **Birthplace** St. Louis, Mo.
(City or town) (State or foreign country)

20. **Exact Occupation** Housewife

21. **Industry or Business**

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** none

23. **Number of children of this mother:** (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3 P. M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Angelina Moore (First name) (Last name)
who is related as Mother (Mother, etc.)

25. **Attendant's OWN signature** Angela Manca Moore **Address** Box 27 Brownan Calif **Date** _____

AFFIDAVIT

State of California County of Placer SS. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 85 years of age, that I have known this person for 50 years, and that Mrs. Holden (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Angeline Manca Moore **P. O. Address** Box 27 Brownan

Subscribed and sworn to before me this 9th day of July 19 48

(SEAL) Maude I. Warrenton, Notary Public, residing at Antwerp, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm expires 11/1/50

Received for filing on AUG 7 1948 by John W. Wright, Registrar

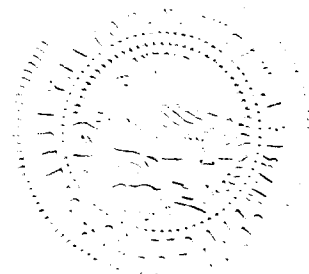
AUG 7 1948

FILE # FROM 560 TO DE48-0560 .12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D.No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>7</u> years _____ month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Genesee</u> (d) Street Address or R.F.D.No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs. (f) Mother's mailing address <u>Genesee Idaho</u>	
4. FULL NAME OF CHILD <u>Marie Louise Michelson</u>		5. Date of Birth (Month, day year) <u>Sept 6. 1898</u>	
6. Sex <u>Female</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Lewis Michelson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Copenhagen Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Marie Gertler</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Belstad Denmark</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>1</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>4 P</u> M. on the date _____ (born alive, stillborn), and at the place stated above, and that personal particulars were furnished by <u>Marie Michelson</u> , who is related to this child as <u>Mother</u> (First name) (Last name) (Mother, etc.)			
26. (a) <u>AUG 12 1948</u> (Date received) (b) _____ (c) _____ (d) _____		25. Attendant's OWN signature <u>Marie Michelson</u> M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address <u>Genesee</u> Date <u>8-1-48</u>	

State of Idaho } ss.
County of Latah

I, Marie Michelson, being first duly sworn, say that I am Related Marie Louise Michelson as mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant Doctor (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Marie Michelson Signature
Genesee, Idaho P. O. Address

Subscribed and sworn to before me on this 6th day of August, 1948
(SEAL) W. B. B. B. Notary Public, residing at Genesee, Idaho

AUG 12 1948

FILE # FROM 580 TO DE48-0580 12/26/12 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BANNOCK</u> (b) City <u>Perry</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>BANNOCK</u> (c) City <u>Perry</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Theresa May Stalker</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 27, 1928</u>	
6. Sex _____	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alma S. Stalker</u>	16. FULL MAIDEN NAME <u>Alfa Parnell</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>33</u> yrs.	18. Age at time of THIS birth <u>24</u> yrs.		
13. Birthplace <u>Franklin, Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Avoca, Wisconsin</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

AFFIDAVIT

State of Utah } ss. (To be completed when the attendant does not sign in Item 25.)
County of Salt Lake }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 49 years, and that _____ who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 27th day of September, 1948.
(SEAL) Ralph A. Barner Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

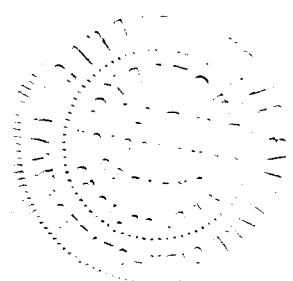
SEP 2 1948

FILE # FROM 670 TO DE48-0670 1/4/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

455-130 RECEIVED
035-175 SEP 4 1948
United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0683
Department of Commerce SEP 4 1948
Bureau of the Census DIVISION OF VITALS CERTIFICATE OF BIRTH
STATE OF IDAHO
Reg. Dist. No. _____

1. PLACE OF BIRTH (At time of this birth) near
(a) County Nez Perce (b) City Lewiston Idaho
(c) Street Address or R.F.D. No. Waha P.O.
(d) Name of Hospital or Maternity Home:
born at home
(e) Mothers stay BEFORE delivery:
In THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City near Lewiston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 1 yrs.
near Lewiston

3. RESIDENCE OF FATHER (city, state) on Idaho

4. FULL NAME OF CHILD Charles Meece otherwise known "Mis" 5. Date of Birth of Child June 30, 1898
(Month, day, year)

6 Sex Male 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD "Mis"
10. FULL NAME Venzil Meece otherwise known
11. Color White 12. Age at time of THIS birth 54 yrs.
13. Birthplace Czechslovakia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Pincova
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Czechslovakia
(City or town) (State or foreign country)
20. Exact Occupation Domestic
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Province of Alberta } ss.
Country or Dominion of Canada }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 81 years of age, that I have known this person for 50 years, and that
my husband Venzil Meece or "Mis" who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Slauer Meece Signature
Mannville, Alberta P. O. Address

Subscribed and sworn to before me this 31st day of August 1948
(SEAL) My Commission is perpetual Notary Public, residing at Vermilion
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.) Alberta Canada

Received for filing on Sept 7, 1948 by John W Wright Registrar

SEP 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Joseph L. Blalock

5. Date of Birth of Child (Month, day, year) Nov. 9, 1895

6 Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph E. Blalock

11. Color or Race White 12. Age at time of THIS birth 38 yrs.

13. Birthplace Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Miller

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Ohio
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington } ss. **AFFIDAVIT**
County of Spokane } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 50 years, and that Mrs. Wash. Shepherd who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Blalock Signature
1524 West Cleveland Ave, Spokane, Wash. Address
Subscribed and sworn to before me this 25 day of November, 1946.
(SEAL) John W. Wright Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
Received for filing on Sept 24, 1948 by John W. Wright, Registrar

SEP 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child~~ born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce,
Bureau of the Census

395-105-0047-264
RECEIVED
SEP 25 1948
RECEIVED
SEP 26 1948
DIVISION OF VITALS OF IDAHO

Use the information is as of date of birth of THIS child.)

State File No. DE48-0777
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of birth)
(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 67 yrs.

(e) Mothers stay BEFORE delivery:
In THIS county years months days

3. RESIDENCE OF FATHER (city, state) deceased
5. Date of Birth of Child
(Month, day, year) February 5, 1898

4. FULL NAME OF CHILD Lavearl William Lindsey

6 Sex Male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James William Lindsey
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Weston Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Adelad Sommer
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington
County of Walla Walla } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 74 years of age, that I have known this person for 50 years, and that
Mrs. Bridges who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Mrs. Emma Lindsey Signature
Idaho Falls, Idaho, Route 2 P. O. Address

Subscribed and sworn to before me this 22nd day of September, 1948
(SEAL) Mamie L. Bennett Notary Public, residing at Walla Walla, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1948 by John W. Wright Registrar

SEP 29 1948

FILE # FROM 777 TO DE48-0777 1/11/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-211
203-165
RECEIVED
OCT 13 1948
United States
Department of Commerce
Bureau of the Census
OFFICE OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0831
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>429 North Harrison</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>429 No. Harrison</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs. <u>Pocatello</u>	
4. FULL NAME OF CHILD <u>Jenevive La Vern Chapman</u>		5. Date of Birth of Child <u>December 11, 1898</u> (Month, day, year)	
6. Sex <u>female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Burt Harb Chapman</u>		16. FULL MAIDEN NAME <u>Mary Ann Jones</u>	
11. Color or Race <u>White Amer.</u>		17. Color or Race <u>White Amer.</u>	
12. Age at time of THIS birth <u>42</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Valperizo, Indiana</u> (City or town) (State or foreign country)		19. Birthplace <u>Wellsville, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Railroad Engineer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Railroad</u>		21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Utah } ss. (To be completed when the attendant does not sign in Item 25.)
County of Weber }
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for nearly 50 years, and that Agnus McMillan who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8th day of October, 19 48.
(SEAL) _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
Received for filing on Oct 12, 1948 by John W. Wright, Registrar

Mary Clara Chapman Signature
Pocatello, Idaho P. O. Address

John W. Wright Notary Public, residing at Ordem, Utah

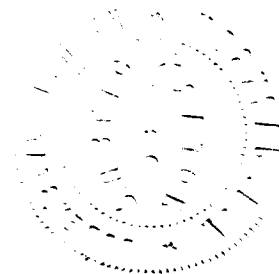
OCT 13 1948

FILE # FROM 831 TO DE48-0831 1/14/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

383-103-025-693

RECEIVED

NOV 17 1948

United States
Department of Commerce
Bureau of the Census
STATISTICS
STATE OF IDAHO
Be sure the information is as of date of birth of THIS child.)
State File No. DE48-0925
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Stites</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Stites</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>LeRoy Wilson Lytle</u>		3. RESIDENCE OF FATHER (city, state) <u>Stites Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>9-3-1898</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>1</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
10. FULL NAME <u>Jefferson Washington Lytle</u>		16. FULL MAIDEN NAME <u>Mable Grace Wilson</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace (City or town) (State or foreign country)		19. Birthplace (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

AFFIDAVIT

State of CALIFORNIA } ss.
County of LOS ANGELES }
I, the undersigned, being first duly sworn, say that I am the "MOTHER" of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for since birth years, and that MANDY MAINES (Midwife) who attended this birth (Deceased) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable Grace Wilson Lytle Signature
MABLE GRACE WILLSON LYTLE
1832 West Cameron Street, Long Beach, Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of September 1948
(SEAL) P. L. MAYHEW Notary Public, residing at Long Beach, California
(Note: Perjury is punishable as a felony in Idaho, see Sec. 9-9, Idaho Code Annotated.) California: My Com. Exp. 9/15-49
Received for filing on November 17, 1948 by John W Wright Registrar

FILE # FROM 925 TO DE48-0925 1/17/13 KMC

DEC 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-127 RECEIVED
029-439 NOV 15 1948

United States
Department of Commerce
Bureau of the Census

DEPT. OF VITAL
STATISTICS

Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0940
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home, Moscow, Idaho
(e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** Roy Lockwood Handlin
5. Date of Birth of Child (Month, day, year) Nov. 27, 1898

6 Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Maurice Lockwood Handlin
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace not known Ohio
(City or town) (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Ellen McRae
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Cheyboygan Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Latah } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 49 years, and that Mrs. John Smith, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances E. Handlin McWitt Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of November, 19 48.
(SEAL) Clarence E. Childs, Notary Public, residing at Moscow, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on November 17, 1948 by John W. Wright Registrar

FILE # FROM DE-940 TO DE48-0940 1/22/13 KMC

NOV 4 1953

NOV 18 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

185-113-029 RECEIVED

United States 261 NOV 1 1948
Department of Commerce
Bureau of the Census
STATISTICS
DIVISION OF VITAL CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0941
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City near Moscow
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery:
In THIS county 12 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City near Moscow
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida

4. FULL NAME OF CHILD OMER HINKLE AYERS
5. Date of Birth of Child (Month, day, year) 4/13/1898
6 Sex male 7. Twin or If so—born
Triplet single 1st, 2nd, 3rd 8. No. months of Pregnancy 9 M 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME LORENZO STILLMAN AYERS
11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace OSKOSH, WIS. U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD
16. FULL MAIDEN NAME JULIA ANN BOAZ
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Georgia, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of CANADA
County of PROVINCE OF ALBERTA ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the older brother of the person whose name appears in Item 4, above, that I am now 62 years of age; that I have known this person for 50 years, and that Dr. HINKLE who attended this birth cannot be located further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Ralston Ayers Signature
Ponoka, Alberta, Canada P. O. Address

Subscribed and sworn to before me this 6th day of November, 1948

(SEAL) Chambliss Notary Public, residing at Ponoka, Alta.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-14, Idaho Code Annotated.)

Received for filing on November 17, 1948 by John W. Wright, Registrar

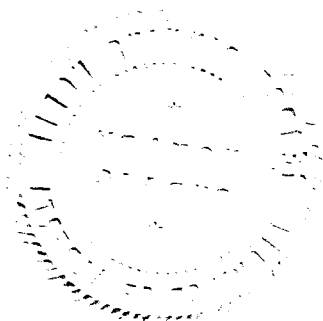
FILE # FROM 941 TO DE48-0941 1/22/13 KMC

NOV 16 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

653 - 102
204-469
NOV 18 1948
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0947
Department of Commerce Local Reg. No.
Bureau of the Census STATISTICS Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Beauregard (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home Residence
(e) Mothers stay BEFORE delivery:
In THIS county 54 years 3 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Beauregard
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Bloomington Idaho
4. FULL NAME OF CHILD Morris Welker
5. Date of Birth of Child (Month, day, year) Sept. 2nd 1898
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Quincy Welker
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Willard City Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Julia Morris
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Room, Floyd County Georgia
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9:30 P.M. on the date
(Born alive, stillborn) No one else was present
and at the place stated above, and that personal particulars were furnished by who is still alive except my brother Samuel Sylvester Welker
who is related as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho ss.
County of Madison (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 61 years of age, that I have known this person for 50 years, and that
(First name) Dr. West (Last name) who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8th day of November 1948
(SEAL) Vernon C. Mortensen Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 13, 1948 by W. W. Thompson Registrar
by Walter F. Fisher

NOV 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE48-0958
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Sunnydell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sunnydell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
4. **FULL NAME OF CHILD** Reuben D Weekes

3. **RESIDENCE OF FATHER** (city, state) Sunnydell, Idaho
5. Date of Birth of Child
(Month, day, year) Feb. 24, 1898

6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert Friend Weekes
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Ogden, Idaho
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Louisa Sawyer
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace London, England
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as Deceased
(Mother, etc.)

25. Attendant's OWN signature none M.D. Address Date
Midwife Deceased

State of Idaho } ss. **AFFIDAVIT**
County of Fremont (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 35 years of age, that I have known this person for 30 years, and that
(First name) (Last name) who attended this birth I further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of November, 1948.
(SEAL) William D. Comstock, Notary Public, residing at Fremont, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 26, 1948 Probate Judge & Ex-Officio Clerk W. Benson, Registrar

NOV 26 1948

FILE # FROM 958 TO DE48-0958 1/22/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-104-036-855

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE48-0963
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Farm home.
(e) Mothers stay BEFORE delivery: _____
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 71 yrs. Clifton Idaho

3. **RESIDENCE OF FATHER** (city, state) Clifton Idaho

4. **FULL NAME OF CHILD** Frederick Carmel Farmer

5. **Date of Birth of Child** (Month, day, year) Apr 4 1898

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 months 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Frederick Farmer

11. Color or Race White 12. Age at time of THIS birth 28 yrs.

13. Birthplace Harriman Utah
(City or town) (State or foreign country)

14. Exact Occupation Sheepowner.

15. Industry or Business Sheep business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Evelyn Henderson

17. Color or Race White 18. Age at time of THIS birth 20 yrs.

19. Birthplace Clifton Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1000 Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 50 years, and that Jane Howell Deceased, who attended this birth, _____ I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of November _____, Notary Public, residing McCammon Idaho
(SEAL) _____ P. O. Address _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 24, 1948 by W. L. Benson, Registrar

NOV 30 1948

FILE # FROM 963 TO DE48-0963 1/22/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE48-1004
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Cambridge
(c) Street Address or R.F.D. No. OF VITAL
(d) Name of Hospital or Maternity Home Cambridge, Idaho
(e) Mothers stay BEFORE delivery:
In THIS county 15 years 8 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cambridge, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** JOSEPH BRENT HANCOCK

5. **Date of Birth of Child** August 23,
(Month, day, year) 1898

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Hancock

11. Color or Race white 12. Age at time of THIS birth 39 yrs.

13. Birthplace Payson, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary S. Curtis

17. Color or Race white 18. Age at time of THIS birth 40 yrs.

19. Birthplace Payson, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of IDAHO
County of BANNOCK } ss.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 50 years, and that Sophornia Coffin who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of December 1948
(SEAL) D. H. Carlson, Notary Public, residing at Foratello
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on Dec. 12, 1948 by D. H. Carlson, Registrar

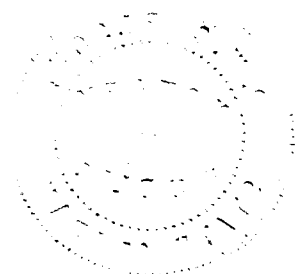
DEC 13 1940

FILE # FROM 1004 TO DE48-1004 1/24/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

862-223 RECEIVED
001-653
DEC 20 1948
United States (Because the information is as of date of birth of THIS child.) State File No. DE48-1033
Department of Commerce
Bureau of the Census DIVISION OF VITAL CERTIFICATE OF BIRTH
STATE OF IDAHO
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Ada (b) City Payette, Idaho
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mothers stay BEFORE delivery:
In THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Payette
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho
4. FULL NAME OF CHILD Bettie Jane Hobson
5. Date of Birth of Child (Month, day, year) Jan. 23/1898
6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Samuel Arthur Hobson
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Adams co. Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Grace Alice Wells
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Barry? Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Carbolic solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9:00 A.M. on the date (Born alive, stillborn) myself (First name) (Last name) who is related as father (Mother, etc.)
25. Attendant's OWN signature Samuel A. Hobson M.D. Address 1104 E. 66th St. Inglewood, Calif. Date 12/4/48
State of California County of Los Angeles ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for since birth years, and that Samuel A. Hobson (First name) (Last name), who attended this birth is now living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of December, 1948
(SEAL) Redington Notary Public, residing at 1104 E. 66th St. Inglewood, Calif. P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public in and for the County of Los Angeles, State of California
Received for filing on Dec 21, 1948 by W. B. Benson, Registrar

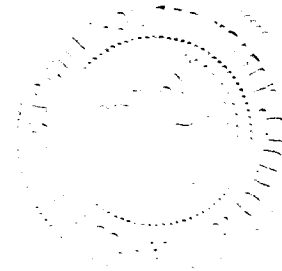
DEC 22 1948

FILE # FROM 1033 TO DE48-1033 1/30/13 KMC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245-225 RECEIVED
204-296 JAN 31 1949

United States (Be sure the information is as of date of birth of THIS child.) State File No. DE49-1099
Department of Commerce
Bureau of the Census VITAL CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (At time of this birth)
(a) County. BEAR LAKE (b) City. MONTPELIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mothers stay BEFORE delivery: In THIS county 2 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. IDAHO (b) County. BEAR LAKE
(c) City. MONTPELIER
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) MONTPELIER IDAHO
4. FULL NAME OF CHILD ANNIE MAE SMEATH
5. Date of Birth of Child, (Month, day, year) JULY 25, 1898

6 Sex FEMALE 7. Twin or Triplet SINGLE If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME JAMES CHARLES SMEATH
11. Color or Race WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace LONDON, ENGLAND (City or town) (State or foreign country)
14. Exact Occupation RAILROAD FOREMAN
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME FRANCES MAY BROWN
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace PROVIDENCE, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of IDAHO
County of BEAR LAKE } ss.
I, the undersigned, being first duly sworn, say that I am the COUSIN of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 50 years, and that DR. HOOVER, who attended this birth IS NOW DECEASED. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
Signature Leman B. Tibbitts
MONTPELIER, IDAHO P. O. Address
Subscribed and sworn to before me this 17TH day of JANUARY, 1949
(SEAL) Ruth Aland, Notary Public, residing at MONTPELIER, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

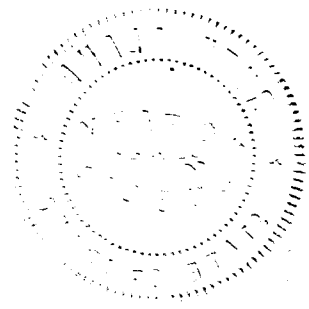
Received for filing on Jan 21, 1949 by _____, Registrar

JAN 21 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-107-001-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1324
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Boise
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 60 yrs.
3. **RESIDENCE OF FATHER** (city, state) _____
4. **FULL NAME OF CHILD** Ike James Paris
5. **Date of Birth of Child** (Month, day, year) 10/7/1898
6. **Sex** Male
7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** _____
9. **Legitimate?** _____

- FATHER OF CHILD**
10. **FULL NAME** Isaac Paris
11. **Color or Race** white
12. **Age at time of THIS birth** 32 yrs.
13. **Birthplace** Kennecott
(City or town) (State or foreign country)
14. **Exact Occupation** Farmer
15. **Industry or Business** _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Ellie Murphy
17. **Color or Race** white
18. **Age at time of THIS birth** 17 yrs.
19. **Birthplace** Franklin County Nebraska
(City or town) (State or foreign country)
20. **Exact Occupation** House Wife
21. **Industry or Business** _____

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of California } ss.
County of Sacramento }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 49 years, and that Mr. Haley, who attended this birth elsewhere I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Stellie Paris Signature
2411 29th St. Sacramento Calif. Address
Subscribed and sworn to before me this 26th day of January, 1949
(SEAL) Maurice R. Smith, Notary Public, residing at Sacramento
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 11, 1949 by W. L. Benson, Registrar

APR 11 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-221-023-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1445
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County of <u>Gem</u> (b) City near <u>Pearl</u> , Ida. (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Gem</u> (c) City <u>near Pearl</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>STACIA LENORA HALL</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 21, 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
10. FULL NAME <u>WILLIAM ROLLAND HALL</u>		16. FULL MAIDEN NAME <u>CHARLOTTE MAE BRANNON</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>34</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Emmett, Idaho</u> (City or town) (State or foreign country)	14. Exact Occupation <u>A miner</u>	19. Birthplace <u>Near Ontario, Oregon</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>
15. Industry or Business	21. Industry or Business		
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by my personal observation (First name) (Last name) who is related as Aunt (Mother, etc.)

25. Attendant's OWN signature Julia Ferrell M.D. Address Wesley Idaho Date 6/11-49
Midwife

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of Idaho }

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 51 years, and that Mrs. Teeter, midwife who attended this birth is deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of May, 19 49.
(SEAL) W. W. Benson, Notary Public, residing at Wesley Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on May 16, 1949 by W. W. Benson, Registrar

MAR 29 1961

FILE # FROM 1445 TO DE49-1445 11/12/2013-LLE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1533

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City BENNINGTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county years months days

4. FULL NAME OF CHILD

Florence Marion Lindsay

6 Sex F

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City BENNINGTON
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?

3. RESIDENCE OF FATHER (city, state) BENNINGTON, Idaho

5. Date of Birth of Child

(Month, day, year) April 24, 1898

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL

NAME James Harvey Lindsay

11. Color

or Race white

12. Age at time

of THIS birth 36 yrs.

13. Birthplace

Brigham City, Utah

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME Irene Larona Godfrey

17. Color

or Race white

18. Age at time

of THIS birth 24 yrs.

19. Birthplace

Endo, Utah

(City or town)

(State or foreign country)

20. Exact

Occupation

Wife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:00 P.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Irene Lindsay
(First name) (Last name)

who is related as Mother
(Mother, etc.)

25. Attendant's
OWN signature

M.D. Address
Midwife

Date

State of Wyoming

County of Big Horn

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 74 years of age, that I have known this person for 51 years, and that

Rebecca

(First name)

Lindsay

(Last name)

who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Clare Lindan Signature

Byron, Wyoming P. O. Address

Subscribed and sworn to before me this 31 day of May, 1949

(SEAL)

E. H. Harrison, Notary Public, residing at Lovell, Wyoming
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on W. W. Benson by June 13, 1949, Registrar

JUN 13 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2-18-106-029 RECEIVED

United States 118 JUN 27 1949 (Because the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census
DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. DE49-1596
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Palouse</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>born in parents home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>23</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Palouse</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>23</u> yrs.
---	---

4. FULL NAME OF CHILD <u>Elijah Ray Sayles</u>	5. Date of Birth of Child (Month, day, year) <u>Sep. 6, 1898</u>
6 Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months 9 of Pregnancy	9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME <u>Clarence Hunter Sayles</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Americas Kansas</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Timberman</u>
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Miss Mary Ida Jay</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>23</u> yrs.
19. Birthplace <u>Topeka Kansas</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date Midwife

State of Oregon ss. (To be completed when the attendant does not sign in Item 25.)
County of Multnomah
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 50 years, and that Mrs. Mary M. Sayles who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Mary Ida Sayles Signature
10901 NE Sandy Blvd. P. O. Address
Subscribed and sworn to before me this 22nd day of March, 1948
(SEAL) O. A. Hoffman Notary Public, residing at Portland Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

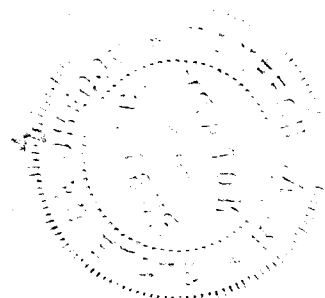
Received for filing on June 29, 1949 by W. B. Benson, Registrar

JUN 29 1919

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1651

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD Bernice Belle Fuller
5. Date of Birth of Child (Month, day, year) July 17, 1898
- 6 Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9mo 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME James Harley Fuller
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Longmont, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Lavena Mae Stuart
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Jefferson, N. Carolina
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

- State of Oregon } ss. (To be completed when the attendant does not sign in Item 25.)
County of Linn }
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 77 years of age, that I have known this person for 50 years, and that
the doctor who attended this birth cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 2 day of July, 1949
(SEAL) W. Walter Stuart Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

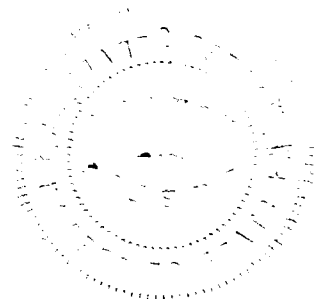
Received for filing on July 18, 1949 by W. B. Benson Registrar

JUL 18 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-213-001-785

RECEIVED

AUG 29 1949

United States Department of Commerce, Bureau of the Census
Division of Vital Statistics
STATE OF IDAHO

State File No. DE49-1795
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>71</u> yrs.	
4. FULL NAME OF CHILD <u>Gladys Elizabeth Pierce</u> 7. Twin or Triplet If so—born		3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 13, 1898</u>	
6 Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>John B. Pierce</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Idaho City, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes.</u> MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Pierce</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Atchison Co. Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____ Midwife

State of Idaho Idaho } ss.
County of Ada Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 75 years of age, that I have known this person for 51 years, and that Mr. Jesse DuBois who attended this birth Deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of August, 1949
(SEAL) Jessie L. Catlett, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-214, Idaho Code Annotated.)

Received for filing on Aug 29, 1949 by W. W. Benson, Registrar

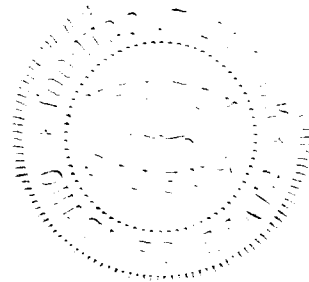
AUG 29 1949

MAY 2 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



391-230-055-993

RECEIVED

SEP 14 1949

United States
Department of Commerce,
Bureau of the Census

OFFICE OF VITAL

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1859
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Idaho</u>	(b) City <u>Westlake</u>	(a) State <u>Idaho</u>	(b) County <u>Idaho</u>
(c) Street Address or R.F.D. No. <u>- -</u>		(c) City <u>Westlake</u>	
(d) Name of Hospital or Maternity Home: <u>None</u>		(d) Street Address or R.F.D. No. <u>- -</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years <u>10</u> months <u>29</u> days		(e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Jean Alan Craig</u>		3. RESIDENCE OF FATHER (city, state) <u>Westlake, Ida.</u>	
6 Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>April 30, 1898</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>9</u>	
If so—born 1st, 2nd, 3rd <u>- -</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Stonewall Jackson Craig</u>		16. FULL MAIDEN NAME <u>Maud Westlake Rice</u>	
11. Color <u>White</u>		17. Color <u>White</u>	
12. Age at time of THIS birth <u>34</u> yrs.		18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>Auxvasse, Missouri</u>		19. Birthplace <u>Brooklyn, New York</u>	
(City or town) (State or foreign country)		(City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Agriculture</u>		21. Industry or Business <u>Domestic</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u>		(b) Born alive and now living <u>4</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 76 years of age, that I have known this person for 51 years, and that
Mrs. Alice Dixon who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of September, 1949

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 9-14-49 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-209-029-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

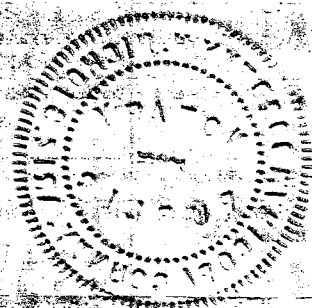
State File No. **De49-1997**

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Edra Thelma Green			2. Date (month) (day) (year) Nov. 9 1898		
	3. Color or Race White	4. Sex F	5. Place of Birth a. County Latah	b. City or Town of Birth Juliaetta		
FATHER	6. Full Name of Father Charles William Green			7. State or Country of Father's Birth Illinois		
MOTHER	8. Full Maiden Name of Mother Mary Evelyn Taylor			9. State or Country of Mother's Birth Oregon Territory		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Edra Thelma Green Edra Osbary (married name)		11. Present Address of Registrant 3719 E. Highland
NOTARY (Seal)	Subscribed and sworn to before me on October 29 1959			12. Signature of Notary Dorothy H. Nichols		13. Notary Commission expires 19

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document School Record		By whom issued and signed Lewiston High School Lewiston, Idaho		Date issued	Date Orig. Entry Sept. 1913
	Date of Birth Nov. 9, 1898	Birth Place ----	Full Name of Mother ----		Name of Father C. W. Green	
SUPPORTING RECORD 2-	Type of Document Certified copy of own child's birth certificate #692		By whom issued and signed Oregon State Board of Health Portland, Thos. L. Meador, M.D.		Date issued July 1, 1942	Date Orig. Entry child born Feb 22, 1926
	Date of Birth age 27	Birth Place Juliaetta, Idaho	Full Name of Mother ----		Name of Father ----	
SUPPORTING RECORD 3-	Type of Document application for social security account number		By whom issued and signed Treasury Department		Date issued ----	Date Orig. Entry Jan 8, 1955
	Date of Birth Nov 9, 1898	Birth Place Juliaetta, Idaho	Full Name of Mother Mary Evelyn Taylor		Name of Father Charles William Green	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by nr Joyce B. Foltz	Date Filed April 25, 1960



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1997
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>Julietta</u> (c) Street Address or R.F.D. No. <u>not any</u> (d) Name of Hospital or Maternity Home: <u>not any</u> (e) Mothers stay BEFORE delivery: In THIS county <u>20</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Kendrick</u> (d) Street Address or R.F.D. No. <u>not any</u> (e) How long has MOTHER lived in Idaho <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Edra Thelma Green</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 9 1900</u>	
6 Sex <u>female</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles William Green</u>		16. FULL MAIDEN NAME <u>Mary Evelyn Taylor</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>25</u> yrs.	
13. Birthplace <u>near Springfield, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Oregon Territory</u> (City or town) (State or foreign country)	
14. Exact Occupation		20. Exact Occupation <u>house wife</u>	
15. Industry or Business <u>Wheat dealer</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>not any</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ **M.D.** _____ **Address** _____ **Date** _____
OWN signature _____ **Midwife** _____

State of Idaho **County of** My Price } ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the husband of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that Dr. R. R. Russell who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of October 1949 Signature _____
(SEAL) _____ R. R. Russell, Idaho, P. O. Address _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Lewiston, Idaho

Received for filing on Nov. 1 1949 by W. W. Benson, Registrar

NOV 1 1949

APR 26 1980

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been retoreded, ~~or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-103-029-219

RECEIVED

NOV 7 1949

United States
Department of Commerce
Bureau of the Census
Division of VITAL RECORDS
State of Idaho

State File No. DE49-2018

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)

(a) County Idaho (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home _____

(e) Mothers stay BEFORE delivery:
In THIS county years 4 months 17 days

4. FULL NAME OF CHILD Shurlock James Bowles

6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State _____ (b) County Idaho
(c) City _____
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? _____ yrs.

3. RESIDENCE OF FATHER (city, state) Idaho County

5. Date of Birth of Child (Month, day, year) May 3, 1898

8. No. months of Pregnancy _____ 9. Legitimate? Yes

10. FULL NAME Thomas Jeffery Bowles

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Wisconsin (City or town) _____ (State or foreign country) _____

14. Exact Occupation Machinist

15. Industry or Business _____

16. FULL MAIDEN NAME Margaret Pagen

17. Color or Race White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Wisconsin (City or town) _____ (State or foreign country) _____

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name)

who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____

State of _____ County of _____ } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears _____ (Mother, etc.)

in Item 4, above, that I am now 56 years of age, that I have known this person for 51 years, and that _____, who attended this birth _____ I further _____ (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____ 1949

(SEAL) _____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 7, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 8 1949

AUG 22 1981

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2042
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 14 years 10 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 71 yrs.

4. **FULL NAME OF CHILD** Elder Harlan Markke
6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Caldwell Ida
5. Date of Birth of Child (Month, day, year) Jan. 14, 1898
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Edward E. Markke
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Buffville Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Kester Blessinger
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Ada (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 51 years, and that Dr. Hall who attended this birth now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of Nov, 1949, at _____, Notary Public, residing at _____
(SEAL) Nov 18 1949 Anna E. Markke Signature
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) R-9 Boise Idaho P. O. Address

Received for filing on Nov 18, 1949 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. DE49-2046

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latoh (b) City Joel

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mothers stay BEFORE delivery:
In THIS county years months days

4. FULL NAME OF CHILD

William E. Ellsworth Bundy

Date of Birth of Child (Month, day, year) Jan. 7-1898

6 Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latoh

(c) City Joel

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? ... yrs.

3. RESIDENCE OF FATHER (city, state)

Joel Idaho

Date of Birth of Child (Month, day, year) Jan. 7-1898

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Harlow E. Bundy

11. Color or Race

White

12. Age at time of THIS birth

Yrs.

13. Birthplace

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Jane Lee

17. Color or Race

White

18. Age at time of THIS birth

Yrs.

19. Birthplace

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of Washington } ss.

County of Whatcom }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 55 years of age, that I have known this person for 51 years, and that

(First name)

(Last name)

who attended this birth. I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of November, 1949

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code annotated.)

Esther Graden Bundy Signature

3032 Osburn St. Bellingham Address

Wash.

W. H. Benson Notary Public, residing at Bellingham

Received for filing on Feb 21, 1949 by W. H. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. de50-81
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>William Cunningham Robinson</u>				2. Date (month) (day) (year) Of Birth <u>January 13 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Moscow, Idaho</u>	a. County <u>Latah</u>	b. City or Town of Birth <u>Moscow</u>	
FATHER	6. Full Name of Father <u>Anson Robinson</u>				7. State or Country of Father's Birth <u>Kansas</u>	
MOTHER	8. Full Maiden Name of Mother <u>Margaret Ann Cunningham</u>				9. State or Country of Mother's Birth <u>New Brunswick, Canada</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>William Cunningham Robinson</u>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <u>February 27 1950</u>			12. Signature of Notary <u>Richard F. Leffer</u>		13. Notary Commission expires <u>My Commission Expires April 4, 1950</u> 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>B</u>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>W. H. Walsh</u>		Date issued <u>12/28/26</u>	Date Orig. Entry <u>12/23/26</u>
	Date of Birth <u>1/13/1898</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother <u>Margaret Cunningham</u>		Name of Father	
SUPPORTING RECORD 2. Class _____	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Catherine Linehan</u>		Date issued <u>3/11/50</u>	Date Orig. Entry <u>3/11/50</u>
	Date of Birth <u>1/13/1898</u>	Birth Place <u>Moscow, Idaho</u>	Full Name of Mother <u>Margarite A. Cunningham</u>		Name of Father <u>Anson Robinson</u>	

QUALIFYING INFORMATION
Catherine Linehan was present at time of birth and was the Godmother at the time of his Baptism.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Burdick</u>	Evidence reviewed by <u>Mabel F. Leffer</u>	Date Filed <u>Apr. 28, 1950</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 28 1950



DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De 50-201
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Roy Ross Godlove</u>			2. Date (month) (day) (year) September 13, 1898		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Washington</u>	b. City or Town of Birth <u>Cambridge</u>		
FATHER	6. Full Name of Father <u>Perry Grant Godlove</u>			7. State or Country of Father's Birth <u>Kansas</u>		
MOTHER	8. Full Maiden Name of Mother <u>Anna Bell Hopper</u>			9. State or Country of Mother's Birth <u>Missouri</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Roy Ross Godlove</u>		11. Present Address of Registrant <u>106 Warm Spgs. Ave., Boise, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Aug 8, 1950</u> 19 <u>50</u>			12. Signature of Notary <u>Mark Elder</u>		13. Notary Commission expires <u>May 7, 1952</u> 19 <u>52</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document <u>Idaho State No. 87891</u>		By whom issued and signed <u>Idaho State Dpt. of Health</u>		Date issued <u>3/6/21</u>	Date Orig. Entry <u>3/6/21</u>
	Birth Certificate of Child Date of Birth <u>Age was</u> <u>22 yrs.</u> <u>Idaho</u>		Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Voting Registration</u>		By whom issued and signed <u>Washington County</u> <u>Nell Guiver, Dep. Auditor</u>		Date issued <u>7/21/50</u>	Date Orig. Entry <u>10/25/30</u>
	Date of Birth <u>1898</u> Birth Place <u>Cambridge, Idaho</u>		Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Dept. of Commerce</u>		Date issued <u>8/1/50</u>	Date Orig. Entry <u>1/1/20</u>
	Date of Birth <u>21 yrs.</u> Birth Place <u>Idaho</u>		Full Name of Mother		Name of Father	
QUALIFYING INFORMATION	<u>Census Record</u>		<u>Dept. of Commerce</u>		<u>8/1/50</u>	<u>6/1/1900</u>
	<u>September 1898 Idaho</u>		<u>Anna</u>		<u>Grant Godlove</u>	
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Wanda Evans</u>			Date Filed <u>8-8-50</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

THE UNIVERSITY OF CHICAGO

AUG 15 1950

THE UNIVERSITY OF CHICAGO

100-443887-100

Approved for release 10-20-2013

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THE UNIVERSITY OF CHICAGO

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-233
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Brotnice Friedline</u>				2. Date of Birth <u>Dec. 27th 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Boise</u>	a. County <u>Ada</u>	b. City or Town of Birth <u>Boise Idaho</u>	
FATHER	6. Full Name of Father <u>Dr. George Pyle Friedline</u>				7. State or Country of Father's Birth <u>Nebraska</u>	
MOTHER	8. Full Maiden Name of Mother <u>Emma Laura Harris</u>				9. State or Country of Mother's Birth <u>Moscow Idaho</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mrs. Marnie G. Sault</u>	11. Present Address of Registrant <u>123 Yale Ave. Nampa, Ida.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>August 16, 1950</u>				12. Signature of Notary <u>Edith G. McCain</u>	13. Notary Commission expires <u>Feb. 14, 1951</u>

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>First Baptist Church</u>		Date issued <u>May 9, 1950</u>	Date Orig. Entry <u>Dec. 31, 1911</u>
	Date of Birth <u>Dec. 27, 1898</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>		Date issued <u>June 11, 1950</u>	Date Orig. Entry <u>6-1-1900</u>
	Date of Birth <u>Dec. 1898</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Emma G. Friedline</u>		Name of Father <u>George P. Friedline</u>	
SUPPORTING RECORD 3.	Type of Document <u>School Record</u>		By whom issued and signed <u>Boise Public Schools by Zed L. Foy, Sup't</u>		Date issued <u>July 24, 1950</u>	Date Orig. Entry
	Date of Birth <u>Dec. 27, 1898</u>	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel Friedline</u>	Date Filed <u>Aug. 28, 1950</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 20 1966



DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De50-318
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Elma Norton Hammond</i>				2. Date of Birth (month) (day) (year) <i>Dec. 3 1898</i>	
	3. Color of Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth <i>Moscow</i>	a. County <i>Latah</i>	b. City or Town of Birth <i>Moscow Idaho</i>	
FATHER	6. Full Name of Father <i>Dudley Joseph Hammond</i>				7. State or Country of Father's Birth <i>Illinois</i>	
MOTHER	8. Full Maiden Name of Mother <i>Mary Catherine Hammond</i>				9. State or Country of Mother's Birth <i>Iowa</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Elma H. Dwyer</i>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <i>Aug 24 1950</i>			12. Signature of Notary <i>E. J. [Signature]</i>		13. Notary Commission expires <i>Feb 16 1954</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Bible Record</i>		By whom issued and signed <i>Family Bible</i>	Date Issued	Date Orig. Entry <i>Dec. 3, 1898</i>
	Date of Birth <i>Dec. 3, 1898</i>	Birth Place <i>Moscow, Idaho</i>	Full Name of Mother	Name of Father	
Class* <i>A</i>					
SUPPORTING RECORD 2.	Type of Document <i>School Record</i>		By whom issued and signed <i>Superintendent of Public Instruction Latah County</i>	Date Issued <i>1913</i>	Date Orig. Entry <i>1913</i>
	Date of Birth <i>13 yrs old</i>	Birth Place <i>Moscow, Idaho</i>	Full Name of Mother	Name of Father	
Class <i>B</i>					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class _____					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Mary [Signature]</i>	Date Filed <i>Oct. 11, 1950</i>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

~~OCT 31 1950~~

OCT 12 1950

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. DE51-0429,
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Eva Nita Britton				2. Date of Birth March 10th 1898	
	3. Color or Race white	4. Sex F.	5. Place of Birth Idaho	a. County Latah	b. City or Town of Birth Cornwall	
FATHER	6. Full Name of Father David Andrew Britton				7. State or Country of Father's Birth Ontario Canada	
MOTHER	8. Full Maiden Name of Mother Lura Edna Purnell				9. State or Country of Mother's Birth Allendale Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Eva Nita Britton</i>	
NOTARY (Seal)	Subscribed and sworn to before me on November 13 1950				11. Present Address of Registrant 1240 Ewen Ave 12. Signature of Notary <i>[Signature]</i> 13. Notary Commission expires 19	

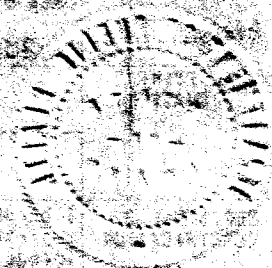
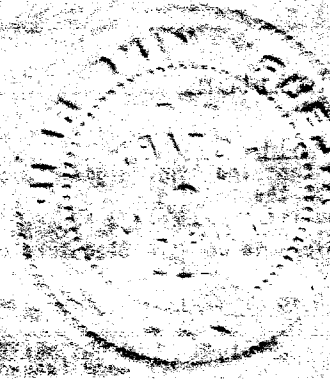
APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>B</u>	Type of Document Federal Census Record		By whom issued and signed Roy Peel	Date issued 10-24-50	Date Orig. Entry 6-1-00
	Date of Birth 3-10-1898	Birth Place Latah, Cornwall	Full Name of Mother Lura Edna Purnell	Name of Father David Andrew Britton	
SUPPORTING RECORD 2. Class <u>A</u>	Type of Document Bible Record		By whom issued and signed Bible viewed by T. J. Collisson	Date issued 12-18-50	Date Orig. Entry 3-10-1898
	Date of Birth 3-10-1898	Birth Place Moscow, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document Lodge Record		By whom issued and signed Rebekah Lodge	Date issued 12-2-50	Date Orig. Entry May 20, 1926
	Date of Birth 28 yrs old	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>[Signature]</i>	Date Filed 1-9-51

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 10 1957



DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De51-194
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Heber Grant Lau			2. Date (month) (day) (year) Of Birth August 8 1898		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Soda Springs, Caribou	b. City or Town of Birth Soda Springs		
FATHER	6. Full Name of Father Daniel J. Lau			7. State or Country of Father's Birth Providence, Utah		
MOTHER	8. Full Maiden Name of Mother Sarah Mae Rose			9. State or Country of Mother's Birth Soda Springs, Idaho		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Heber Grant Lau</i>		11. Present Address of Registrant Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan. 20 1951</i>			12. Signature of Notary <i>S. J. Anderson</i>		13. Notary Commission expires <i>July 28 1952</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>A</u>	Type of Document Certificate of Blessing		By whom issued and signed L. D. S. Church, Soda Springs, 9-4-50		Date issued Sept. 4, 1898
	Date of Birth August 8, 1898	Birth Place Soda Springs, Ida.	Full Name of Mother Sarah Mae Rose		Name of Father Daniel J. Lau
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document School Record		By whom issued and signed Soda Springs City Schools		Date issued 7-12-50
	Date of Birth Aug. 8, 1898	Birth Place Soda Springs	Full Name of Mother		Name of Father
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document Enlistment Record		By whom issued and signed Certified copy of Army Discharge		Date issued 7-11-50
	Date of Birth 20 yrs old	Birth Place Soda Springs	Full Name of Mother		Name of Father

QUALIFYING INFORMATION

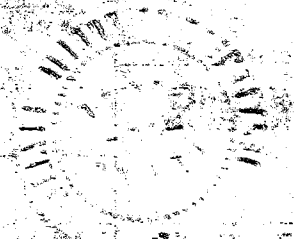
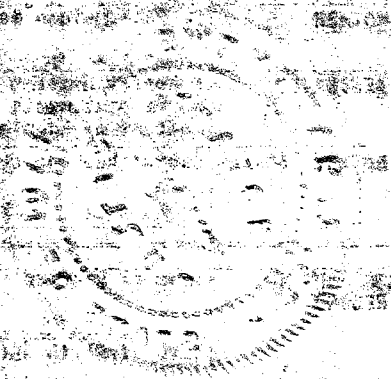
REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by <i>Mabel E. Edgar</i>	Date Filed 1-23-51
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* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JAN 24 1951



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-667
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth IDA AGATHA WEST			2. Date (month) (day) (year) Of Birth MARCH 11, 1898	
	3. Color or Race WHITE	4. Sex FEMALE	5. Place of Birth a. County SALUBRIA, IDAHO COUNTY		b. City or Town of Birth SALUBRIA
FATHER	6. Full Name of Father JOSEPH ALEXANDER WEST			7. State or Country of Father's Birth OREGON,	
MOTHER	8. Full Maiden Name of Mother MAGGIE BELL HINSHAW			9. State or Country of Mother's Birth KANSAS,	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ida A. Ballard</i>	
NOTARY (Seal)	Subscribed and sworn to before me on March 15, 1951			11. Present Address of Registrant <i>Smartville, California</i>	
				12. Signature of Notary <i>Marjorie Akers</i>	
			13. Notary Commission expires My commission expires Feb. 1, 1952		

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Affidavit by Maggie Bell West,		By whom issued and signed mother		Date issued 3-19-51
	Date of Birth March 11, 1898,	Birth Place Salubria, Ida	Full Name of Mother Maggie Bell West		Name of Father
SUPPORTING RECORD 2.	Type of Document Affidavit by Aunt		By whom issued and signed Mrs. Henry Etta Unger		Date issued 3-15-51
	Date of Birth March 11, 1898,	Birth Place Salubria, Idaho	Full Name of Mother Maggie Bell Hinshaw		Name of Father Joseph A. West
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Marjorie Akers</i>	Date Filed March 29, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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DELETED COPY OF BIRTH

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DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-685
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>EDITH CHRISTINE JOHNSON</u>				2. Date of Birth (month) (day) (year) <u>October 4, 1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>Shoshone</u>		b. City or Town of Birth <u>Burke</u>		
FATHER	6. Full Name of Father <u>PETER JOHNSON</u>				7. State or Country of Father's Birth <u>Sweden</u>		
MOTHER	8. Full Maiden Name of Mother <u>ANNIE CARLSON</u>				9. State or Country of Mother's Birth <u>Sweden</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Edith C. Turner</u>		11. Present Address of Registrant <u>Berthoud, Colorado</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Mar 27 1951</u>			12. Signature of Notary <u>Jean Dunbar</u>		13. Notary Commission expires <u>May 6 1954</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Annie Swanson, mother</u>		Date Issued <u>3-23-51</u>	Date Orig. Entry
	Date of Birth <u>Oct. 4, 1898</u>	Birth Place <u>Burke, Idaho</u>	Full Name of Mother <u>Annie Swanson</u>		Name of Father <u>Peter Johnson</u>	
SUPPORTING RECORD 2.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>Hilma Anderson, present at the time of birth</u>		Date Issued	Date Orig. Entry
	Date of Birth <u>Oct. 4, 1898</u>	Birth Place <u>Burke, Idaho</u>	Full Name of Mother <u>Annie Johnson</u>		Name of Father <u>Peter Johnson</u>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Maude F. Reed</u>	Date Filed <u>Apr. 3, 1951</u>
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*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

Department of Public Health
Division of Vital Statistics
Harris Hall
Dover, Delaware

1. Registrant's Full Name at Birth

APR 4 1951

2. Child of (Mother) (Father)

Birth (Month) (Day) (Year)

City or Town of Birth

State or County of Father's Birth

City or Town of Mother's Birth

State or County of Mother's Birth

Present Address of Registrant

City or Town of Present Address

State or County of Present Address

Occupation of Registrant

Signature of Registrant

Signature of Registrar

Date of Birth

Place of Birth

State or County of Birth

City or Town of Birth

State or County of Birth

City or Town of Birth

State or County of Birth

City or Town of Birth

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State or County of Birth

City or Town of Birth

State or County of Birth

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Signature of Registrar

Date of Birth

Place of Birth

State or County of Birth

City or Town of Birth

State or County of Birth

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State or County of Birth



NOTE: This certificate is valid only if the birth record has been filed in the Division of Vital Statistics, State of Delaware, within the time specified in the law. If the birth record has not been filed, this certificate is invalid.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-725
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Roswell B. Belnap Lowe</u>				2. Date (month) (day) (year) Of Birth <u>February 19 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Franklin</u>	a. County <u>Franklin</u>	b. City or Town of Birth <u>Franklin Idaho</u>	
FATHER	6. Full Name of Father <u>John Alexander Lowe</u>				7. State or Country of Father's Birth <u>Franklin Idaho</u>	
MOTHER	8. Full Maiden Name of Mother <u>Adeline Belnap</u>				9. State or Country of Mother's Birth <u>Hooper Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>R.B. Lowe</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>4th of April 1951</u>				11. Present Address of Registrant <u>2585 American Trailer Park Long Beach, Calif.</u>	
					12. Signature of Notary <u>Ernest J. Coupe</u>	
					13. Notary Commission expires <u>March 12 1954</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Baptismal Certificate</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>Apr. 10, 1951</u>	Date Orig. Entry <u>July 11, 1906</u>
	Date of Birth <u>Feb. 19, 1898</u>	Birth Place <u>Franklin, Idaho</u>	Full Name of Mother <u>Adeline Belnap</u>	Name of Father <u>John Alexander Lowe</u>	
SUPPORTING RECORD 2.	Type of Document <u>Honorable Discharge</u>		By whom issued and signed <u>Army of the United States</u>	Date issued <u>Dec. 21, 1918</u>	Date Orig. Entry <u></u>
	Date of Birth <u>20 yrs old</u>	Birth Place <u>at that time, Idaho</u>	Full Name of Mother <u></u>	Name of Father <u></u>	
SUPPORTING RECORD 3.	Type of Document <u></u>		By whom issued and signed <u></u>	Date issued <u></u>	Date Orig. Entry <u></u>
	Date of Birth <u></u>	Birth Place <u></u>	Full Name of Mother <u></u>	Name of Father <u></u>	
QUALIFYING INFORMATION	<u>////</u>				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mabel Keeton</u>	Date Filed <u>Apr. 16, 1951</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

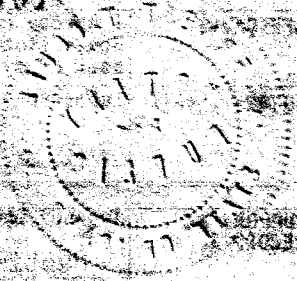
DELAWARE CERTIFICATE OF BIRTH

STATE OF DELAWARE

1911

February 19 1911
Franklin Idaho
Hooper Utah

John Alexander Lowe
White
Franklin
Hooper



Name of child		Date of birth		Place of birth	
John Alexander Lowe		February 19, 1911		Hooper, Utah	
Sex		Age		Color	
Male		Infant		White	
Name of father		Name of mother		Name of place of birth of father	
Hooper, Utah		Hooper, Utah		Hooper, Utah	
Name of place of birth of mother		Name of place of birth of child		Name of place of birth of child	
Hooper, Utah		Hooper, Utah		Hooper, Utah	
Name of physician		Name of physician		Name of physician	
Hooper, Utah		Hooper, Utah		Hooper, Utah	
Name of registrar		Name of registrar		Name of registrar	
Hooper, Utah		Hooper, Utah		Hooper, Utah	

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De51-736
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Rose Eleanor Norton</u>				2. Date (month) (day) (year) Of Birth <u>2</u> <u>21</u> <u>1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Iona</u>	a. County <u>Bingham</u>	b. City or Town of Birth <u>Idaho</u>		
FATHER	6. Full Name of Father <u>Rufus Wiley Norton</u>				7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Cynthia Ann Cooper</u>				9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Rose Peterson</u>		11. Present Address of Registrant <u>1712-5th St Nampa Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 18, 1951</u>				12. Signature of Notary <u>Malcolm Keeler</u>		13. Notary Commission expires <u>May 7, 1953</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>7-5-1908</u>	Date Orig. Entry <u>7-2-1908</u>
	Date of Birth <u>Feb. 21, 1898</u>	Birth Place <u>Iona, Idaho</u>	Full Name of Mother	Name of Father	
Class* <u>A</u>					
SUPPORTING RECORD 2.	Type of Document <u>Child's Birth Certificate</u>		By whom issued and signed <u>On file Bureau of Vital Statistics #156104</u>	Date issued	Date Orig. Entry <u>10-18-1927</u>
	Date of Birth <u>29 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class _____					

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Malcolm Keeler</u>	Date Filed <u>Apr. 18, 1951</u>
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* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 19 1951



454-109-003-819 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De51-773
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Lawrence Dewey Medford</i>				2. Date of Birth (month) (day) (year) <i>July 9 1890</i>		
	3. Color or Race <i>white</i>	4. Sex <i>male</i>	5. Place of Birth <i>Chatcher, Oregon</i>	6. County <i>Chatcher</i>	7. City or Town of Birth <i>Chatcher</i>		
FATHER	6. Full Name of Father <i>Albert Medford</i>				7. State or Country of Father's Birth <i>Millville, Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Gertrude Harris</i>				9. State or Country of Mother's Birth <i>Trickman, Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lawrence Dewey Medford</i>		11. Present Address of Registrant <i>Route 1, Box 270, Beaverton, Oregon</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 24 1951</i>		12. Signature of Notary <i>Ray Benson</i>		13. Notary Commission expires <i>1-4-1955</i>		

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class <u>B</u>	Type of Document <i>Sun Life Insurance Co.</i>		By whom issued and signed <i>Insurance policy</i>	Date issued	Date Orig. Entry <i>May 26, 1926</i>
	Date of Birth <i>July 9, 1898</i>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2- Class <u>A</u>	Type of Document <i>Census Record</i>		By whom issued and signed <i>Department of Commerce Bureau of Census</i>	Date issued	Date Orig. Entry <i>1900 census</i>
	Date of Birth <i>July 1898</i>	Birth Place <i>Age 31 year, birthplace, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

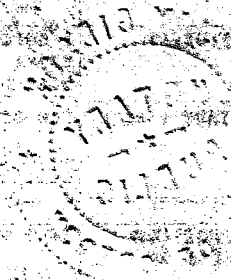
State Registrar
W. W. Benson

Evidence reviewed by
Mabel H. L. L.

Date Filed
Apr. 27, 1951

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 27 1961



DELETED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-786
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Eugene Ramsdell</i>				2. Date (month) (day) (year) Of Birth <i>Dec.</i> <i>18th</i> <i>1898</i>		
	3. Color of Race <i>White</i>	4. Sex <i>Male</i>	5. Place of Birth <i>Idaho, Ada County</i>		6. City or Town of Birth <i>Boise City</i>		
FATHER	6. Full Name of Father <i>William Eugene Ramsdell</i>				7. State or Country of Father's Birth <i>Odell, Illinois, U.S.A.</i>		
MOTHER	8. Full Maiden Name of Mother <i>Mary Margaret Baker</i>				9. State or Country of Mother's Birth <i>Boise, Idaho, U.S.A.</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Eugene Ramsdell</i>		11. Present Address of Registrant <i>2525 Primrose St. Ft. Worth, Texas</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 24</i> 19 <i>51</i>		12. Signature of Notary <i>Jack E. Bowen</i> <i>Jack E. Bowen</i>		13. Notary Commission expires <i>June 1st</i> 19 <i>51</i>		

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <i>Newspaper Announcement</i>		By whom issued and signed <i>Idaho Daily Statesman</i>		Date Issued <i>Dec. 21, 1898</i>	Date Orig. Entry <i>Dec. 21, 1898</i>
	Date of Birth <i>Dec. 18, 1898</i>	Birth Place <i>Boise, Idaho</i>	Full Name of Mother		Name of Father <i>William E. Ramsdell</i>	
SUPPORTING RECORD 2-	Type of Document <i>Census Record</i>		By whom issued and signed <i>Department of Commerce Bureau of the Census</i>		Date Issued	Date Orig. Entry <i>1900 Census</i>
	Date of Birth <i>Dec. 18, 1898</i>	Birth Place <i>Idaho</i>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Malcolm H. Hedden

Date Filed
May 1, 1951

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

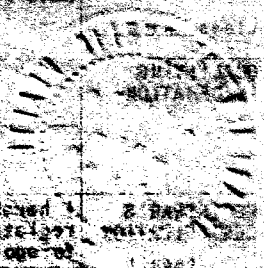
UNLAWFUL CERTIFICATE OF BIRTH STATE OF IOWA

Department of Public Health
Division of Vital Statistics
Iowa, 1935

1. Name of child 2. Sex 3. Date of birth 4. Place of birth 5. Name of father 6. Name of mother 7. Date of marriage 8. Name of father at birth 9. Name of mother at birth 10. Signature of Registrar 11. Date of registration 12. Name of Registrar	1. Name of child 2. Sex 3. Date of birth 4. Place of birth 5. Name of father 6. Name of mother 7. Date of marriage 8. Name of father at birth 9. Name of mother at birth 10. Signature of Registrar 11. Date of registration 12. Name of Registrar
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1. Name of child 2. Sex 3. Date of birth 4. Place of birth 5. Name of father 6. Name of mother 7. Date of marriage 8. Name of father at birth 9. Name of mother at birth 10. Signature of Registrar 11. Date of registration 12. Name of Registrar	1. Name of child 2. Sex 3. Date of birth 4. Place of birth 5. Name of father 6. Name of mother 7. Date of marriage 8. Name of father at birth 9. Name of mother at birth 10. Signature of Registrar 11. Date of registration 12. Name of Registrar
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I hereby certify that no birth certificate has been filed in the Division of Vital Statistics for this child, and that the child is not a resident of Iowa.

State Registrar
 W. H. Harrison
 Date of registration
 May 1, 1935

462-102-003-235

De51-811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery: 10 years 10 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannack
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Derwin Charles Moss
5. Date of Birth of Child (Month, day, year) Feb. 2, 1898

6 Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** David Arthur Moss
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Big Cottonwood, Utah
(City or town) (State or foreign country)
14. Exact Occupation Mason
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Catherine Amelia Steed
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Kaysville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 80 years of age, that I have known this person for since birth years, and that
Mrs. Culley who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws. I was present
at the time of this birth

Subscribed and sworn to before me this 7th day of May, 1951
(SEAL) James R. Daniel Signature
Route # 1 South - Pocatello, Idaho O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 10/13/51

Received for filing on..... by....., Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 10 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-118-010-435

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-865

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bonneville (b) City Idaho Falls

(c) Street Address or R.F.D. No. 2

(d) Name of Hospital or Maternity Home:
Family residence

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville

(c) City Idaho Falls

(d) Street Address or R.F.D. No. 2

(e) How long has **MOTHER** lived in Idaho? 31 yrs.

(f) Mother's mailing address same as above

3. RESIDENCE of FATHER (city, state) same as above

5. Date of Birth
(Month, day, year) July 18, 1898

4. FULL NAME OF CHILD Eli Marshall Taylor

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Riley Taylor

11. Color or Race White 12. Age at time of THIS birth 30 yrs.

13. Birthplace Harrisville, Weber County, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Grace McEntire

17. Color or Race White 18. Age at time of THIS birth 29 yrs.

19. Birthplace Harrisville, Weber Co. Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no record

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) May 25, 1951 (b) W. W. Benson
(Date received) (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

27. Given name added on _____ by _____
(Registrar's signature)

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eli Marshall Taylor, being first duly sworn, say that I am Related & Acquainted (Related to (or) acquainted with) _____ as older cousin, lifelong acquaintance (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife Julia Dabell (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 23rd day of May, 1951
(SEAL) E. A. Holdsworth Notary Public, residing at Idaho Falls, Idaho

MAY 25 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414-120-014-464

United States (Be sure the information is as of date of birth of THIS child.) State File No. 0651-1071
Department of Commerce
Bureau of the Census **CERTIFICATE OF BIRTH**
STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Dearborn St.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In THIS county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Dearborn St.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Dodd Edward Madden
5. Date of Birth of Child (Month, day, year) Aug. 20, 1898

6 Sex M. 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Roscoe Shirley Madden
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Boise Valley, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Abstracter
15. Industry or Business Abstract Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Marietta Alberta Dodd
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Walla Walla, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Canyon } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 78 years of age, that I have known this person for 53 years, and that
Dr. A. F. Isham who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Marietta A. Dodd Madden Signature
Caldwell, Idaho P. O. Address
Subscribed and sworn to before me this 20th day of July, 19 51.
(SEAL) John P. Ewing, Notary Public, residing at Caldwell
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-94, Idaho Code Annotated.) Idaho

Received for filing on July 23, 1951 by W. W. Benson, Registrar

JUL 23 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 1051-2014
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Bernice Rozen</u>			2. Date (month) (day) (year) Of Birth <u>Nov.</u> <u>24</u> <u>1898</u>		
	3. Color or Race <u>white</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>Nez Perce</u>	b. City or Town of Birth <u>Russell, Idaho</u>		
FATHER	6. Full Name of Father <u>John William Rozen</u>			7. State or Country of Father's Birth <u>Ohio</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Elvira Robinson</u>			9. State or Country of Mother's Birth <u>Oregon</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Bernice Rozen Klump</u>		11. Present Address of Registrant <u>523 W. Walnut, Yakima, Wash.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>August 24</u> 19 <u>50</u>			12. Signature of Notary <u>Loise C. Hooley</u>		13. Notary Commission expires <u>February 29</u> 19 <u>52</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Family Bible Record</u>		By whom issued and signed	Date Issued <u>11/24/1898</u>	Date Orig. Entry <u>11/24/1898</u>
	Date of Birth <u>11/24/1898</u>	Birth Place <u>Russell, Idaho</u>	Full Name of Mother	Name of Father	
Class* <u>A</u>					
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Lucinda Bratt</u>	Date issued	Date Orig. Entry <u>8-15-51</u>
	Date of Birth <u>11-24-1898</u>	Birth Place <u>Russell, Idaho</u>	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class _____					

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>H. W. Benson</u>	Evidence reviewed by <u>Malcolm F. Keefe</u>	Date Filed <u>11-24-1898</u>
--	---	---------------------------------

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 7 1951

566-2151006-415

RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 9 1951

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2108

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Eppie Jane Nowlin</u>				2. Date (month) (day) (year) Of Birth <u>January</u> <u>15th</u> <u>1898</u>			
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Fairview.</u>	a. County <u>Bingham Co.</u>	b. City or Town of Birth <u>Idaho. U.S.A.,</u>			
FATHER	6. Full Name of Father <u>Thomas Warren Nowlin</u>				7. State or Country of Father's Birth <u>Nephi City, Utah Co. Utah U.S.A.</u>			
MOTHER	8. Full Maiden Name of Mother <u>Martha Ellen Davies</u>				9. State or Country of Mother's Birth <u>Nephi City, Utah Co. Utah U.S.A.</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Eppie Jane Nowlin Bailey</u>		11. Present Address of Registrant <u>Glensholm, Alberta</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>October 5th 1951</u>				12. Signature of Notary <u>[Signature]</u>		13. Notary Commission expires <u>Notary Public in and for the Province of Alberta</u> <u>Commission Expires July 1, 1952</u> <u>My Commission is at the date of this Certificate</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class <u>A</u>	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>	Date Issued <u>1900 Census</u>	Date Orig. Entry <u>1900 Census</u>
	Date of Birth <u>1-15-1898</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Martha Nowlin</u>	Name of Father <u>Thomas W. Nowlin</u>	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <u>Affidavit by father</u>		By whom issued and signed <u>Thomas W. Nowlin</u>	Date issued <u>Oct. 6, 1951</u>	Date Orig. Entry <u>Oct. 6, 1951</u>
	Date of Birth <u>Jan. 15, 1898</u>	Birth Place <u>Fairview, Idaho</u>	Full Name of Mother <u>Martha Nowlin</u>	Name of Father <u>Thomas W. Nowlin</u>	
SUPPORTING RECORD 3- Class <u>A</u>	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>	Date issued <u>1-15-1898</u>	Date Orig. Entry <u>1-15-1898</u>
	Date of Birth <u>Jan. 15, 1898</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Martha Nowlin</u>	Name of Father <u>Thomas W. Nowlin</u>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel H. Egan</u>	Date Filed <u>Oct. 9, 1951</u>
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* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF IOWA

Registration of Birth

Child of Name [blank] Sex [blank]

Full Name of Father [blank]

Full Name of Mother [blank]

Signature of Registrant [blank]

I hereby certify that the above is a true and correct copy of my knowledge and belief

NO FEE IS CHARGED FOR THE REGISTRATION OF BIRTHS

Attest my hand and seal of office this [blank] day of [blank] 19[blank]

NOTARY PUBLIC [blank]

WITNESSES [blank]

Attest my hand and seal of office this [blank] day of [blank] 19[blank]

JOHN W. HALL

Attest my hand and seal of office this [blank] day of [blank] 19[blank]

JOHN W. HALL, Notary Public



It is hereby certified that the above is a true and correct copy of my knowledge and belief

State Registrar

FILED

W. H. HALL

249-223-025-394 RECEIVED DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho NOV 5 1951
 STATE OF IDAHO

State File No. De51-2285
 Local Reg. No. _____
 Reg. Dist. No. _____

DIVISION OF VITAL

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Anne Pearl Burlingame</u>					2. Date (month) (day) (year) Of Birth <u>June 23 1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Grangeville Idaho</u>		a. County	b. City or Town of Birth <u>Grangeville Idaho</u>		
FATHER	6. Full Name of Father <u>EUGENE WATSON-BURLINGAME</u>					7. State or Country of Father's Birth <u>Concord Minnesota</u>		
MOTHER	8. Full Maiden Name of Mother <u>Myrtle TIDWELL</u>					9. State or Country of Mother's Birth <u>South Dakota</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Anne Pearl Beeier</u>		11. Present Address of Registrant <u>Lewiston, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>November 2nd 1951</u>					12. Signature of Notary <u>Leo McCarty</u>		13. Notary Commission expires <u>Oct. 13th 1952</u>

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by mother		Myrtle Tidwell Burlingame		Sept. 28, 1951
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	June 23, 1898,	Grangeville, Idaho			
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	School Record		Walla Walla College		Oct. 23, 1916
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	18 yrs old				
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit		J. E. Graham	Dec. 3, 1951	
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	June 23, 1898,	Grangeville, Idaho			

QUALIFYING INFORMATION	Also, affidavit by Minnie Rambo gives date of birth as June 23, 1898.		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by	Date Filed <u>Dec. 10, 1951</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

Case 1:13-cv-00001 Document 1-1 Filed 01/22/14 Page 1 of 1

DEC 11 1967

246-111-014-218

REC-1052

FEB 6 1952

United States
Department of Commerce
Bureau of the Census

DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2431
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell, route 1
(c) Street Address or R.F.D. No. 1 Caldwell, Ida
(d) Name of Hospital or Maternity Home:
at Joseph Buffington
(e) Mother's stay BEFORE delivery:
IN THIS county 0 years 2 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell, Route 1, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD Frank Thomas Buffington

5. Date of Birth of Child
(Month, day, year) Dec. 11, 1898

6. Sex Male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy YES 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Perry Newton Buffington
11. Color white 12. Age at time of THIS birth 20 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Katie Evelyn Bay
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Iowa Potawatma County
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1, (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 1 M. on the date 11 (Born alive, stillborn) (Last name)
and at the place stated above, and that personal particulars were furnished by 1, who is related to this child as 1 (Mother, etc.) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 53 years, and that Dr. Wright, who attended this birth deceased, I further state that (First Name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katie Evelyn Buffington Signature
Route 1 Parma, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January, 19 52
(SEAL) Notary Public, residing at Wilder, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 6, 1952 by W. W. Benson, Registrar.



DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2603
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Theodore Halet Rutherford</u>			2. Date (month) (day) (year) Birth <u>Jan.</u> <u>23</u> <u>1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Kootenai</u>	b. City or Town of Birth <u>Post Falls, Idaho</u>		
FATHER	6. Full Name of Father <u>George Francis Rutherford</u>			7. State or Country of Father's Birth <u>Minnesota</u>		
MOTHER	8. Full Maiden Name of Mother <u>Nora May Worden</u>			9. State or Country of Mother's Birth <u>Michigan</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Theodore Halet Rutherford</i>		11. Present Address of Registrant <u>c/o 1900 Washington St. San Francisco 9, Calif.</u>
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____			12. Signature of Notary <i>William Kessner</i>		13. Notary Commission expires <u>Dec 10 1951</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Helen E. Rutherford Hampton</u>		Date Issued <u>3-19-52</u>		Date Orig. Entry
	Date of Birth <u>Jan. 23, 1898,</u>	Birth Place <u>Post Falls, Idaho</u>	Full Name of Mother		Name of Father		
SUPPORTING RECORD 2-	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>		Date issued <u>1910 Census</u>		Date Orig. Entry
	Date of Birth <u>12 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Noah M. Rutherford</u>		Name of Father <u>George Rutherford</u>		
SUPPORTING RECORD 3-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Metropolitan Life Insurance Co.</u>		Date issued <u>Jan. 19, 1914</u>		Date Orig. Entry
	Date of Birth <u>Jan. 23, 1898,</u>	Birth Place <u>Post Falls, Idaho</u>	Full Name of Mother		Name of Father		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <i>Mary K. Kessner</i>	Date Filed <u>Apr. 3, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO.

State File No. De52-2681
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Esther Clara Dahlgren</u>			2. Date (month) (day) (year) Of Birth <u>June 27 1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>F.</u>	5. Place of Birth a. County <u>Coeur d'Alene</u>	b. City or Town of Birth <u>Coeur d'Alene</u>		
FATHER	6. Full Name of Father <u>Ahl Dahlgren</u>			7. State or Country of Father's Birth <u>Sweden</u>		
MOTHER	8. Full Maiden Name of Mother <u>Anne Haslerude</u>			9. State or Country of Mother's Birth <u>Norway</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Esther Clara Dahlgren</u>		11. Present Address of Registrant <u>14 Hubbard, Coeur d'Alene</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 17 19 52</u>			12. Signature of Notary <u>M. E. Erickson</u>		13. Notary Commission expires <u>Idaho</u> <u>12/1/53 19</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>School Record</u>		By whom issued and signed <u>County Board of Education</u> <u>Kootenai County</u>	Date issued <u>Apr. 11, 1952</u>	Date Orig. Entry <u>Census 1910</u>
	Date of Birth <u>12 yrs old</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by brother</u>		By whom issued and signed <u>John Henry Dahlgren</u>	Date issued <u>Apr. 18, 1952</u>	Date Orig. Entry
	Date of Birth <u>June 27, 1898</u>	Birth Place <u>Coeur d'Alene, Idaho</u>	Full Name of Mother <u>Anne Haslerude</u>	Name of Father <u>Ahl Dahlgren</u>	
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by brother</u>		By whom issued and signed <u>Edwin C. Dahlgren</u>	Date issued <u>Apr. 18, 1952</u>	Date Orig. Entry
	Date of Birth <u>June 27, 1898</u>	Birth Place <u>Coeur d'Alene, Idaho</u>	Full Name of Mother <u>Anne Haslerude</u>	Name of Father <u>Ahl Dahlgren</u>	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>W. E. Erickson</u>	Date Filed <u>Apr. 21, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

478-128-007-867

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2721
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Corall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City near Corall
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Harvey May
5. Date of Birth of Child (Month, day, year) Aug. 28, 1898
6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George H. May
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Cambridge Iowa
(City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business ranch

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ella Hopkins
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Cambridge Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of } ss. **AFFIDAVIT**
County of (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 67 years of age, that I have known this person for 53 years, and that
all persons who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28th day of April 1952
(SEAB) W. W. Benson, Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 28, 1952 by W. W. Benson, Registrar

APR 29 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2736
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>ESTELLA BETH FOSTER</u>				2. Date (month) (day) (year) of Birth <u>FEB</u> <u>4</u> <u>1898</u>	
	3. Color or Race <u>WHITE</u>	4. Sex <u>Female</u>	5. Place of Birth <u>IDAHO</u>	a. County	b. City or Town of Birth <u>CHALLIS</u>	
FATHER	6. Full Name of Father <u>Rev. Guy Foster</u>				7. State or Country of Father's Birth <u>MISSOURI</u>	
MOTHER	8. Full Maiden Name of Mother <u>MINNIE LEVIRA FOOTE</u>				9. State or Country of Mother's Birth <u>KANSAS</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mrs. G.E. Lunday</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 20</u> <u>1952</u>				11. Present Address of Registrant <u>MANHATTAN - KANSAS</u>	
	12. Signature of Notary <u>Robert Reed Jr.</u>				13. Notary Commission expires <u>Oct 2</u> <u>1954</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Affidavit by half brother</u>		By whom issued and signed <u>Edwin L. Foote</u>		Date issued <u>3-8-52</u>
	Date of Birth <u>Feb. 4, 1898</u>	Birth Place <u>Challis, Idaho</u>	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document <u>Affidavit</u>		By whom issued and signed <u>J. Robert Wilson who has viewed the geneology record of Foster family</u>		Date issued <u>4-25-52</u>
	Date of Birth <u>Feb. 4, 1898</u>	Birth Place <u>Challis, Idaho</u>	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Prudential Insurance Co.</u>		Date issued <u>Aug. 25, 1919</u>
	Date of Birth <u>Feb. 4, 1898</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mary H. Hedges</u>	Date Filed <u>Apr. 30, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 20 1952

State of Illinois
Local Reg. No.
Reg. Dist. No.
(Year)
(Month)
(Day)

DELAIED CERTIFICATE OF BIRTH
STATE OF ILLINOIS

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CHICAGO, ILLINOIS

1. Name of Child
2. Sex
3. Date of Birth
4. Place of Birth
5. Name of Father
6. Name of Mother
7. Name of Registrar
8. Signature of Registrar
9. Date of Registration
10. Present Address of Registrant
11. Notary Commission Expires
12. Notary Signature

13. Signature of Registrar
14. Date of Registration
15. Present Address of Registrant
16. Notary Commission Expires
17. Notary Signature

18. Signature of Registrar
19. Date of Registration
20. Present Address of Registrant
21. Notary Commission Expires
22. Notary Signature

23. Signature of Registrar
24. Date of Registration
25. Present Address of Registrant
26. Notary Commission Expires
27. Notary Signature

28. Signature of Registrar
29. Date of Registration
30. Present Address of Registrant
31. Notary Commission Expires
32. Notary Signature

33. Signature of Registrar
34. Date of Registration
35. Present Address of Registrant
36. Notary Commission Expires
37. Notary Signature

38. Signature of Registrar
39. Date of Registration
40. Present Address of Registrant
41. Notary Commission Expires
42. Notary Signature

43. Signature of Registrar
44. Date of Registration
45. Present Address of Registrant
46. Notary Commission Expires
47. Notary Signature

48. Signature of Registrar
49. Date of Registration
50. Present Address of Registrant
51. Notary Commission Expires
52. Notary Signature

53. Signature of Registrar
54. Date of Registration
55. Present Address of Registrant
56. Notary Commission Expires
57. Notary Signature

58. Signature of Registrar
59. Date of Registration
60. Present Address of Registrant
61. Notary Commission Expires
62. Notary Signature

63. Signature of Registrar
64. Date of Registration
65. Present Address of Registrant
66. Notary Commission Expires
67. Notary Signature

68. Signature of Registrar
69. Date of Registration
70. Present Address of Registrant
71. Notary Commission Expires
72. Notary Signature

73. Signature of Registrar
74. Date of Registration
75. Present Address of Registrant
76. Notary Commission Expires
77. Notary Signature

78. Signature of Registrar
79. Date of Registration
80. Present Address of Registrant
81. Notary Commission Expires
82. Notary Signature

83. Signature of Registrar
84. Date of Registration
85. Present Address of Registrant
86. Notary Commission Expires
87. Notary Signature

88. Signature of Registrar
89. Date of Registration
90. Present Address of Registrant
91. Notary Commission Expires
92. Notary Signature

93. Signature of Registrar
94. Date of Registration
95. Present Address of Registrant
96. Notary Commission Expires
97. Notary Signature

98. Signature of Registrar
99. Date of Registration
100. Present Address of Registrant
101. Notary Commission Expires
102. Notary Signature

103. Signature of Registrar
104. Date of Registration
105. Present Address of Registrant
106. Notary Commission Expires
107. Notary Signature

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-110-001-296

MAY 23 1952

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2342
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Idaho St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 6 years months days

4. FULL NAME OF CHILD L. Clifford Ernest Baker

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? ☒

10. FULL
NAME

FATHER OF CHILD
James Alexander Liton Baker

11. Color
or Race white

12. Age at time
of THIS birth 48 yrs.

13. Birthplace Charlotte,
(City or town)

North Carolina
(State or foreign country)

14. Exact
Occupation

farmer-lumber man

15. Industry or
Business

lumber man

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. Ada St.

(e) How long has MOTHER lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

5. Date of Birth of Child
(Month, day, year) 12-10-1898

16. FULL MAIDEN
NAME

MOTHER OF CHILD
Hattie Brown

17. Color
or Race white

18. Age at time
of THIS birth 30 yrs.

19. Birthplace Catsville,
(City or town)

Georgia
(State or foreign country)

20. Exact
Occupation

housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

Washington

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Clark

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 82 years of age, that I have known this person for 52 years, and that
(Mother, etc.)

Dr. Springer, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Hattie McDonald

Signature

3704 I St. Vancouver, Wn.

P. O. Address

Subscribed and sworn to before me this 23 day of May 1952

(SEAL)

M. C. Riley

Notary Public, residing at Vancouver, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

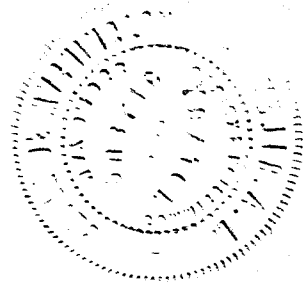
Received for filing on May 23, 1952 by W. W. Benson, Registrar.

MAY 26 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DECEIVED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2845
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>MARVEL - HARRIET - BLAYDEN</u>				2. Date Of Birth <u>JUNE 19 1898</u> (month) (day) (year)			
	3. Color or Race <u>WHITE</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>Payette Canyon [Payette]</u>		6. City or Town of Birth <u>PAYETTE</u>			
FATHER	6. Full Name of Father <u>GEORGE - BLAYDEN</u>				7. State or Country of Father's Birth <u>OHIO</u>			
MOTHER	8. Full Maiden Name of Mother <u>ELLA - BLAYDEN</u>				9. State or Country of Mother's Birth <u>Illinois</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Marvel Harriet Blayden</u>		11. Present Address of Registrant <u>496 So 2nd Springfield Ave</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 19 1952</u>				12. Signature of Notary <u>Elsie M. Hailand</u>		13. Notary Commission expires <u>June 4 1955</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>		Date issued	Date Orig. Entry <u>1900 Census</u>
	Date of Birth <u>1 yr old June 1898</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Ella and</u>		Name of Father <u>George Blayden</u>	
SUPPORTING RECORD 2.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>		Date issued	Date Orig. Entry <u>June 19, 1898</u>
	Date of Birth <u>June 19, 1898</u>	Birth Place <u>Payette, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>School Record</u>		By whom issued and signed <u>New Plymouth Public Schools</u>		Date issued	Date Orig. Entry <u>1913-14</u>
	Date of Birth <u>15 yrs old</u>	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>May 23, 1952</u>
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*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

State File No. 10-2-10
 Local File No. 10-2-10
 Reg. Dist. No. 10-2-10

1. Registration File Name of Birth	2. Date of Birth	3. Place of Birth	4. Name of Father	5. Name of Mother
10-2-10-10-2-10	10-2-10	10-2-10	10-2-10	10-2-10

6. State of Iowa of Birth	7. State of Iowa of Birth	8. State of Iowa of Birth	9. State of Iowa of Birth	10. State of Iowa of Birth
10-2-10	10-2-10	10-2-10	10-2-10	10-2-10

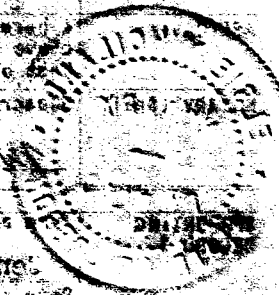
11. Name of Father	12. Name of Mother	13. Name of Father	14. Name of Mother
10-2-10	10-2-10	10-2-10	10-2-10

15. Name of Father	16. Name of Mother	17. Name of Father	18. Name of Mother
10-2-10	10-2-10	10-2-10	10-2-10

19. Name of Father	20. Name of Mother	21. Name of Father	22. Name of Mother
10-2-10	10-2-10	10-2-10	10-2-10

23. Name of Father	24. Name of Mother	25. Name of Father	26. Name of Mother
10-2-10	10-2-10	10-2-10	10-2-10

27. Name of Father	28. Name of Mother	29. Name of Father	30. Name of Mother
10-2-10	10-2-10	10-2-10	10-2-10



Class A records are those made and dated before the registration of birth. Class B records are those made and dated after the registration of birth.

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De52-2919
 Local Reg. No. _____
 Reg. Dist. No. _____

RECEIVED

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Ruth Naomi Manfull			2. Date (month) (day) (year) Of Birth February 1 1898		
	3. Color or Race White	4. Sex Female	5. Place of Birth Lemhi	6. City or Town of Birth Salmon - Idaho		
FATHER	6. Full Name of Father John C. Manfull			7. State or Country of Father's Birth Winona County, Minnesota		
MOTHER	8. Full Maiden Name of Mother Marion Elizabeth Crouch			9. State or Country of Mother's Birth Jackson, Michigan		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ruth N Rowe</i>		11. Present Address of Registrant <i>Dayton, Wash.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 12 1952</i>			12. Signature of Notary <i>Ray R Cahill</i>		13. Notary Commission expires <i>Oct 22 1952</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by		By whom issued and signed Green Giant Co., Dayton, Wn. signed by Joe H. Iles, Personnel Sup.		Date issued 3/25/52	Date Orig. Entry For 1946
	Class* B	Date of Birth Feb. 1. 1898	Birth Place Salmon, Idaho	Full Name of Mother Marion Elizabeth Crouch	Name of Father John C. Manfull	
SUPPORTING RECORD 2.	Type of Document Affidavit by Midwife		By whom issued and signed Sarah Van Stratt		Date issued 6/9/52	Date Orig. Entry
	Class B.	Date of Birth Feb. 1. 1898	Birth Place Salmon, Idaho	Full Name of Mother Marion Elizabeth Crouch	Name of Father John C. Manfull	
SUPPORTING RECORD 3.	Type of Document Affidavit by Clerk of District Court, Lemhi Co.		By whom issued and signed W.W. Simmonds, Clerk of Dist. Court, etc.		Date issued 6/5/52	Date Orig. Entry 7/17/26
	Class B	Date of Birth 28 years old	Birth Place Living at Salmon	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Edna Hamilton</i>	Date Filed June 17, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

<p>1. Name of child at birth: John C. Benson</p>		<p>2. Date of birth: 1915</p>	
<p>3. Place of birth: Idaho</p>		<p>4. Name of father: John C. Benson</p>	
<p>5. Name of mother: John C. Benson</p>		<p>6. Date of marriage: 1915</p>	
<p>7. Name of child at birth: John C. Benson</p>		<p>8. Date of birth: 1915</p>	
<p>9. Place of birth: Idaho</p>		<p>10. Name of father: John C. Benson</p>	
<p>11. Name of mother: John C. Benson</p>		<p>12. Date of marriage: 1915</p>	
<p>13. Name of child at birth: John C. Benson</p>		<p>14. Date of birth: 1915</p>	
<p>15. Place of birth: Idaho</p>		<p>16. Name of father: John C. Benson</p>	
<p>17. Name of mother: John C. Benson</p>		<p>18. Date of marriage: 1915</p>	
<p>19. Name of child at birth: John C. Benson</p>		<p>20. Date of birth: 1915</p>	
<p>21. Place of birth: Idaho</p>		<p>22. Name of father: John C. Benson</p>	
<p>23. Name of mother: John C. Benson</p>		<p>24. Date of marriage: 1915</p>	
<p>25. Name of child at birth: John C. Benson</p>		<p>26. Date of birth: 1915</p>	
<p>27. Place of birth: Idaho</p>		<p>28. Name of father: John C. Benson</p>	
<p>29. Name of mother: John C. Benson</p>		<p>30. Date of marriage: 1915</p>	
<p>31. Name of child at birth: John C. Benson</p>		<p>32. Date of birth: 1915</p>	
<p>33. Place of birth: Idaho</p>		<p>34. Name of father: John C. Benson</p>	
<p>35. Name of mother: John C. Benson</p>		<p>36. Date of marriage: 1915</p>	
<p>37. Name of child at birth: John C. Benson</p>		<p>38. Date of birth: 1915</p>	
<p>39. Place of birth: Idaho</p>		<p>40. Name of father: John C. Benson</p>	
<p>41. Name of mother: John C. Benson</p>		<p>42. Date of marriage: 1915</p>	
<p>43. Name of child at birth: John C. Benson</p>		<p>44. Date of birth: 1915</p>	
<p>45. Place of birth: Idaho</p>		<p>46. Name of father: John C. Benson</p>	
<p>47. Name of mother: John C. Benson</p>		<p>48. Date of marriage: 1915</p>	
<p>49. Name of child at birth: John C. Benson</p>		<p>50. Date of birth: 1915</p>	
<p>51. Place of birth: Idaho</p>		<p>52. Name of father: John C. Benson</p>	
<p>53. Name of mother: John C. Benson</p>		<p>54. Date of marriage: 1915</p>	
<p>55. Name of child at birth: John C. Benson</p>		<p>56. Date of birth: 1915</p>	
<p>57. Place of birth: Idaho</p>		<p>58. Name of father: John C. Benson</p>	
<p>59. Name of mother: John C. Benson</p>		<p>60. Date of marriage: 1915</p>	
<p>61. Name of child at birth: John C. Benson</p>		<p>62. Date of birth: 1915</p>	
<p>63. Place of birth: Idaho</p>		<p>64. Name of father: John C. Benson</p>	
<p>65. Name of mother: John C. Benson</p>		<p>66. Date of marriage: 1915</p>	
<p>67. Name of child at birth: John C. Benson</p>		<p>68. Date of birth: 1915</p>	
<p>69. Place of birth: Idaho</p>		<p>70. Name of father: John C. Benson</p>	
<p>71. Name of mother: John C. Benson</p>		<p>72. Date of marriage: 1915</p>	
<p>73. Name of child at birth: John C. Benson</p>		<p>74. Date of birth: 1915</p>	
<p>75. Place of birth: Idaho</p>		<p>76. Name of father: John C. Benson</p>	
<p>77. Name of mother: John C. Benson</p>		<p>78. Date of marriage: 1915</p>	
<p>79. Name of child at birth: John C. Benson</p>		<p>80. Date of birth: 1915</p>	
<p>81. Place of birth: Idaho</p>		<p>82. Name of father: John C. Benson</p>	
<p>83. Name of mother: John C. Benson</p>		<p>84. Date of marriage: 1915</p>	
<p>85. Name of child at birth: John C. Benson</p>		<p>86. Date of birth: 1915</p>	
<p>87. Place of birth: Idaho</p>		<p>88. Name of father: John C. Benson</p>	
<p>89. Name of mother: John C. Benson</p>		<p>90. Date of marriage: 1915</p>	
<p>91. Name of child at birth: John C. Benson</p>		<p>92. Date of birth: 1915</p>	
<p>93. Place of birth: Idaho</p>		<p>94. Name of father: John C. Benson</p>	
<p>95. Name of mother: John C. Benson</p>		<p>96. Date of marriage: 1915</p>	
<p>97. Name of child at birth: John C. Benson</p>		<p>98. Date of birth: 1915</p>	
<p>99. Place of birth: Idaho</p>		<p>100. Name of father: John C. Benson</p>	



I hereby certify that no prior birth certificate has been found in the Division of vital statistics and the
 fact that the birth certificate has been reviewed, which substantiates the facts as set forth in the
 foregoing certificate.
 State Registrar
 W. W. Benson
 Date filed: **1915**
 Evidence reviewed by: **W. W. Benson**

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52-2947
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Bonnie Mae Campbell</u>				2. Date (month) (day) (year) Of Birth <u>Nov.</u> <u>5</u> <u>1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Meadows</u>	a. County <u>Adams</u>	b. City or Town of Birth <u>Meadows</u>		
FATHER	6. Full Name of Father <u>William Henry Campbell</u>				7. State or Country of Father's Birth <u>Illinois</u>		
MOTHER	8. Full Maiden Name of Mother <u>Florence Ellen Cook</u>				9. State or Country of Mother's Birth <u>Wisconsin</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Bonnie Mae Shook</u>		11. Present Address of Registrant <u>1410 E. Clark Baldwin Park Calif</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>2/28</u> 19 <u>52</u>				12. Signature of Notary <u>M. Lucile Gloege</u>		13. Notary Commission expires <u>3/22</u> 19 <u>52</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible</u>	Date issued	Date Orig. Entry <u>Nov. 5, 1898</u>
	Date of Birth <u>Nov. 5, 1898</u>	Birth Place <u>Meadows, Idaho</u>	Full Name of Mother <u>Florence Ellen Cook</u>	Name of Father <u>William Henry Campbell</u>	
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Caroline Campbell</u>	Date issued <u>June 13, 1952</u>	Date Orig. Entry
	Date of Birth <u>Nov. 5, 1898</u>	Birth Place <u>Meadows, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document <u>Affidavit by Uncle</u>		By whom issued and signed <u>Arthur C. Campbell</u>	Date issued <u>Apr. 28, 1952</u>	Date Orig. Entry
	Date of Birth <u>Nov. 5, 1898</u>	Birth Place <u>Meadows, Idaho</u>	Full Name of Mother <u>Florence Cook</u>	Name of Father <u>William H. Campbell</u>	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>M. Lucile Gloege</u>	Date Filed

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De52-2951**
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Gracia Agnes Potter</i>					2. Date of Birth (month) (day) (year) <i>August 14 1898</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Idaho</i>		a. County <i>Ada</i>	b. City or Town of Birth <i>Star</i>		
FATHER	6. Full Name of Father <i>James Melvin Potter</i>					7. State or Country of Father's Birth <i>Missouri</i>		
MOTHER	8. Full Maiden Name of Mother <i>Ida Alice Clemmens</i>					9. State or Country of Mother's Birth <i>Idaho</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Gracia A. Pettyjohn</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 24 1952</i>					11. Present Address of Registrant <i>R. 1. Boise Idaho</i>		
	12. Signature of Notary <i>James W. Benson</i>					13. Notary Commission expires <i>3-15-54</i> 19__		

APPLICANT - DO NOT WRITE BELOW THIS LINE			
SUPPORTING RECORD 1-	Type of Document <i>Lodge Application</i>		By whom issued and signed <i>Beneficial Protective Assoc.</i>
	Date of Birth <i>Aug. 14, 1898,</i>	Birth Place <i>Star, Idaho</i>	Full Name of Mother <i>Ida Alice Clemmens</i>
Class* <u>B</u>	Date of Birth <i>Aug. 14, 1898,</i>		Name of Father <i>James Melvin Potter</i>
	Birth Place <i>Star, Idaho</i>		
SUPPORTING RECORD 2-	Type of Document <i>Affidavit</i>		By whom issued and signed <i>Retta V. Clemmens</i>
	Date of Birth <i>August 14,</i>	Birth Place <i>1898, Star, Idaho</i>	Full Name of Mother <i>Ida Alice Clemmens</i>
Class <u>B</u>	Date of Birth <i>August 14,</i>		Name of Father <i>James Melvin Potter</i>
	Birth Place <i>1898, Star, Idaho</i>		
SUPPORTING RECORD 3-	Type of Document <i>Affidavit</i>		By whom issued and signed <i>David E. Clemmens</i>
	Date of Birth <i>Aug. 14, 1898,</i>	Birth Place <i>Star, Idaho</i>	Full Name of Mother <i>Ida Alice Clemmens</i>
Class <u>B</u>	Date of Birth <i>Aug. 14, 1898,</i>		Name of Father <i>James Melvin Potter</i>
	Birth Place <i>Star, Idaho</i>		

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Mark F. Elder</i>	Date Filed <i>June 25, 1952</i>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-222-030-812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 2970
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon, Idaho

5. Date of Birth of Child
(Month, day, year) 11-22-98

4. FULL NAME OF CHILD Harriet Leone Phister

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick William Phister
11. Color W 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ogden UTAH
(City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business Building

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Hazaleau
17. Color W 18. Age at time of THIS birth 26 yrs.
19. Birthplace Lincoln Co. Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the oister of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that Dr Whitwell who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26 day of February, 19 44
(SEAL) E. J. Bell Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 30, 1952 by W. W. Benson Registrar

JUL 1 1932

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

RECEIVED

JUL 14 1952

DIVISION OF VITAL
STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-3013
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay BEFORE delivery:
In THIS county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 27 yrs.

4. FULL NAME OF CHILD Gwenfred Evelyn Jones

5. Date of Birth of Child
(Month, day, year) March 20, 1898

6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John E. Jones
11. Color or Race White 12. Age at time of THIS birth _____ yrs.
13. Birthplace Wales
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Banker
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Winifred E. Jones, Jones
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho County of Oneida } ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 84 years, and that Mrs. Jane Faus Scott who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____ who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Martha Nibert Signature
P.O. Address _____

Subscribed and sworn to before me this 8th day of July, 1952, Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 14, 1952 by W. W. Benson, Registrar

JUL 15 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52- 3050
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>LUCIA RODIUS</u>				2. Date (month) (day) (year) Of Birth <u>July 4 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>KOOTENAI</u>		b. City or Town of Birth <u>COEUR D'ALENE</u>	
FATHER	6. Full Name of Father <u>NICHOLAS RODIUS</u>				7. State or Country of Father's Birth <u>LUXENBURG.</u>	
MOTHER	8. Full Maiden Name of Mother <u>NELLIE BENSON</u>				9. State or Country of Mother's Birth <u>SWEDEN</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Lucia Rodius Harrington</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 18 1952</u>				11. Present Address of Registrant <u>W2614 Garland Ave. Spokane, Wash.</u>	
	12. Signature of Notary <u>Mathew M. Taff</u>				13. Notary Commission expires <u>March 4, 1954</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Bible record</u>		and Affidavit by whom issued and signed <u>Notary Public</u>		Date issued
	Date of Birth <u>July 4, 1898</u>	Birth Place <u>Coeur d'Alene</u>	Full Name of Mother <u>Nellis Benson</u>		Date Orig. Entry <u>Bible copyrighted in 1896</u>
SUPPORTING RECORD 2.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>J. Jespersen, Lutheran Pastor</u>		Date issued
	Date of Birth <u>July 4, 1898</u>	Birth Place <u>Coeur d'Alene, Ida.</u>	Full Name of Mother <u>Nellie Rodius</u>		Date Orig. Entry <u>Oct. 10, 1904</u>
SUPPORTING RECORD 3.	Type of Document <u>Application for Ins.-The Bankers Reserve Life Co.</u>		By whom issued and signed <u>Co.</u>		Date issued
	Date of Birth <u>July 4, 1898</u>	Birth Place <u>Coeur d'Alene, Ida</u>	Full Name of Mother <u>Nellis Benson</u>		Date Orig. Entry <u>11/29/24</u>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>		Date Filed <u>July 25, 1952</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF NEW YORK

UNLAWFUL STATE OF BIRTH

STATE OF NEW YORK

JUL 8 1958

NOV 22 1957

JULY 4 1958

CORNER OF ALBANY

STATE OF NEW YORK

NEW YORK

STATE OF NEW YORK

SWEDEN

Present address of Registrant

Signature of Registrant

Date issued

1958

Name of Father

Signature of Father

Date issued

1958

Name of Father

Signature of Father

Date issued

1958

Name of Father

Date issued

1958

Name of Father

Date issued

1958

Name of Father

Date issued

1958

Name of Father

Signature of Registrant

Date issued

1958

Name of Father



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

952-230-016-318

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **De52- 3110**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Cassia** (b) City **Elba**

(c) Street Address or R.F.D.No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. **no** days.

IN THIS county **22** years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Cassia**

(c) City **Elba**

(d) Street Address or R.F.D.No.

(e) How long has MOTHER lived in Idaho? **22** yrs.

(f) Mother's mailing address. **elba**

3. RESIDENCE OF FATHER (city, state) **Idaho**

5. Date of Birth

(Month, day year) **Nov. 30th, 1898**

4. FULL NAME OF CHILD

Wanda Lessey

6. Sex **female**

7. Twin or
Triplet **single**

If so—born
1st, 2nd, 3rd

1st

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME

Truman Lessey

11. Color

or Race **white**

12. Age at time

of THIS birth. **25** yrs.

13. Birthplace

Willard, Utah.

(City or town) (State or foreign country)

14. Exact

Occupation **farmer**

15. Industry or

Business **farmer**

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Eveline Taylor

17. Color

or Race **white**

18. Age at time

of THIS birth. **24** yrs

19. Birthplace

Willard Utah.

(City or town) (State or foreign country)

20. Exact

Occupation **housewife**

21. Industry or

Business **housewife.**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **dont know.**

23. Number of children of this mother: (a) At time of birth and including this child. **1** (b) Born alive and now living **7**

(c) Born alive and now dead **no** (d) Stillborn **no**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's
OWN signature. M.D.

and address Date (D.O., Midwife, etc.)

State of **Idaho**
County of **Jefferson** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Truman Lessey**, being first duly sworn, say that I am **related to** **Wanda Lessey** as **her father** (Related to (or) acquainted with) whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Mrs Ann Perry** (Name of attendant at birth) who attended

said birth **is now deceased.** and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Truman Lessey

Signature

Rigby-1, Idaho

P. O. Address

Subscribed and sworn to before me on this

6th

day of

November

19 41

(SEAL)

Bash P. Bennett

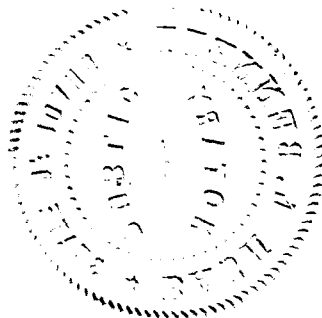
Notary Public, residing at **Rigby, Idaho.**

AUG 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4) *

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



DELAYED

190-229-035-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De52- 3113

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Naz Perce (b) City Teakem

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

FAMILY HOME

(e) Mothers stay BEFORE delivery:

In THIS county _____ years _____ months _____ days

4. FULL NAME

OF CHILD Anna Murtil Brown6 Sex female

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Naz Perce(c) City TEAKEM

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 63 yrs.3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child

(Month, day, year) JUNE 29, 1998

8. No. months

of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME William Luther Brown

11. Color

or Race white

12. Age at time

of THIS birth 38 yrs.

13. Birthplace

MT. PLEASANT, Iowa

(City or town)

(State or foreign country)

14. Exact

Occupation Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN

NAME JENNIE Berte Holladay

17. Color

or Race white

18. Age at time

of THIS birth 24 yrs.

19. Birthplace

London

(City or town)

(State or foreign country)

20. Exact

Occupation House wife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at P. M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by JENNIE B. BROWNwho is related as MOTHER

(Mother, etc.)

25. Attendant's

OWN signature Deceased

M.D.

Address

Date

Midwife

State of IdahoCounty of Clearwater

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now 78 years of age, that I have known this person for 54 years, and thatDr. D.J.

(First name)

Fugget

(Last name)

who attended this birth is now deceased I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9 day of August

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

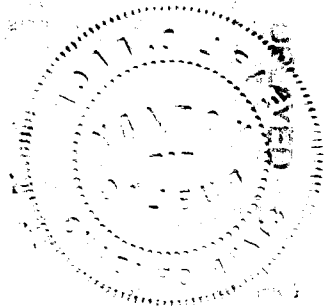
Jennie B. Brown SignatureLenox, Idaho P. O. AddressEarl H. BeckNotary Public, residing at Profess, Ida.Received for filing on August 13, 1952 by W. W. Benson Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

AUG 13 1952



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-227-015-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3164
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Caribou</u> (b) City <u>Henry</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Caribou</u> (c) City <u>Henry</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Mabel Adeline Christensen</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 27, 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Andrew Christensen</u>		16. FULL MAIDEN NAME <u>Mary Ross</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>47</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Denmark</u> (City or town) (State or foreign country)		19. Birthplace <u>New Castle, England</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Homestead Rancher</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**

AFFIDAVIT

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the old family friend of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 53 yrs 11 mo years, and that Dr. Wm. T. Wilson who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine S. Hansen Signature
Box 527 Blackfoot, Idaho. O. Address

Subscribed and sworn to before me this 11th day of August, 1952.
(SEAL) W. W. Benson, Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 22, 1952 by W. W. Benson, Registrar

AUG 22 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

234-2014-152
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3200

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Grace Mildred Stubblefield</i>				2. Date (month) (day) (year) 4 23 1898	
	3. Color by Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Nampa</i>		b. City or Town of Birth <i>Nampa</i>	
FATHER	6. Full Name of Father <i>Anning Preslie Stubblefield</i>				7. State or Country of Father's Birth <i>Washington</i>	
MOTHER	8. Full Maiden Name of Mother <i>Nellie Eliza Anson</i>				9. State or Country of Mother's Birth <i>Oregon</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Grace M. McEvan</i>		11. Present Address of Registrant <i>1735 Whitlow Ave., San Jose, Calif.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <u>MAY - 1 1952</u> 19__			12. Signature of Notary <i>McEshinger</i>		13. Notary Commission expires of Santa Clara, State of California My Commission expires Oct. 3, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit by Aunt		Minnie E. Dunn	Apr. 25, 1952	
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	Apr. 23, 1898	Nampa, Idaho	Nellie Eliza Anderson	Anning Preslie Stubblefield	
SUPPORTING RECORD 2-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit by mother		Nellie Eliza Seel	Apr. 25, 1952	
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	Apr. 23, 1898	Nampa, Idaho	Nellie Eliza Anderson	Anning Preslie Stubblefield	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Certified copy of Marriage License		T.P. Joy County Clerk of Monterey Co. California	Certified to on 8/18/52	Dec. 29, 1915
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	17 yrs old	Idaho	Mrs. Nellie Stubblefield		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Edna Hamilton

Date Filed

August 27, 1952

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

7-10-1940

100-443887-100

100-443887-100

1970-1971

AUG 28 1952

1942-1943

0-44 10-11-1964

100

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322 UCBAW

1964 APR 28 PM 4 10

100-443887-100

21-111

1954

1979

7-18 50 100

[illegible]

Page 10 of 10

PL. NO. 100-100000

SECRET

14-00000

7-10-1960

SECRET

10-10-10

CHIEF, IAC

NO. 17-1507-1

Abstract

100-443889-1

2011年12月12日

DATE: 06-18-2009

100-443887-100

[illegible]

Abstract

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3304
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Hazel Ann Miller				2. Date (month) (day) (year) Of Birth August 7 1898	
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Idaho		b. City or Town of Birth Farm near Grangeville, Ida.	
FATHER	6. Full Name of Father Bert A. Miller				7. State or Country of Father's Birth Illinois	
MOTHER	8. Full Maiden Name of Mother Lena B. Heim				9. State or Country of Mother's Birth Switzerland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Hazel A. Sage	
NOTARY (Seal)	Subscribed and sworn to before me on October, 1 st . 1952.				11. Present Address of Registrant Spokane, Washington E. 1610 - 14th Ave.	
					12. Signature of Notary Newton Newton	
					13. Notary Commission expires Feb - 24 th 1956.	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Ltr from Grangeville High School re age at time of entrance		By whom issued and signed Joint Class "A" School Dist. No. 241, by Earl Vopat, Prino.		Date issued 5/1/52
	Date of Birth 17 yrs 2 mos.	Birth Place	Full Name of Mother		Date Orig. Entry Entered on Sept. 20, 1915
SUPPORTING RECORD 2.	Type of Document Census record		By whom issued and signed Rou V. Peel		Date issued 9/22/52
	Date of Birth 41 yrs old	Birth Place Idaho	Full Name of Mother		Date Orig. Entry April 1, 1940
SUPPORTING RECORD 3.	Type of Document Affidavit by Mother		By whom issued and signed Lena B. Miller		Date issued 4/30/52
	Date of Birth Aug. 7, 1898	Birth Place Idaho County	Full Name of Mother Lena B. Miller		Date Orig. Entry Bert A. Miller

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed Oct. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De52- 3309
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>DELBERT HEBER JOHNSON</u>			2. Date (month) (day) (year) Of Birth <u>November 21 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>Male</u>	5. Place of Birth a. County <u>Bear Lake County</u>		b. City or Town of Birth <u>Ovid, Idaho</u>
FATHER	6. Full Name of Father <u>Heber Johnson</u>			7. State or Country of Father's Birth <u>Ovid, Idaho</u>	
MOTHER	8. Full Maiden Name of Mother <u>Alice Lucinda Hymas</u>			9. State or Country of Mother's Birth <u>Liberty, Idaho</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Delbert Heber Johnson</u>	
NOTARY (Seal)	11. Present Address of Registrant <u>1708 1/2 Broadway</u>			12. Signature of Notary <u>Mark F. Eelgen</u>	
	13. Notary Commission expires <u>May 7 - 1953</u>			14. Subscribed and sworn to before me on <u>Oct 6 1952</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Bureau of Vital Statistics State of Idaho #107678</u>		Date issued <u>12/31/22</u>
	Date of Birth <u>24 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Date Orig. Entry <u>12/30/22</u>
SUPPORTING RECORD 2-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Mutual Life Insurance Co.</u>		Date issued <u>3-19-1935</u>
	Date of Birth <u>Nov. 21, 1898</u>	Birth Place <u>Bear Lake County, Idaho</u>	Full Name of Mother		Date Orig. Entry <u>3-19-1935</u>
SUPPORTING RECORD 3-	Type of Document <u>Family Record kept by</u>		By whom issued and signed <u>mother</u>		Date issued <u>Nov. 21, 1898</u>
	Date of Birth <u>Nov. 21, 1898</u>	Birth Place <u>Ovid, Idaho</u>	Full Name of Mother <u>Alice Lucinda Hymas</u>		Date Orig. Entry <u>Nov. 21, 1898</u>

QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mark F. Eelgen</u>		Date Filed <u>Oct. 4, 1952</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Class	Date of Birth	Date of Issuance	Full Name of Mother	Name of Father
Class 1	Nov. 21, 1908	Nov. 21, 1908	Alfred Johnson	Robert Johnson
Class 2	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 3	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 4	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 5	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 6	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 7	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 8	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 9	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson
Class 10	Nov. 21, 1908	Nov. 21, 1908	William Johnson	Robert Johnson

RECEIVED DIVISION OF VITAL STATISTICS 1925	State Registrar E. W. Hanson	Evidence received by <i>[Signature]</i>	Date Filed Oct. 1, 1925
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3341
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Pauline Ada Mitchell</u>				2. Date (month) (day) (year) Of Birth <u>Sept. 26 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>F</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Ada</u>	b. City or Town of Birth <u>Boise</u>	
FATHER	6. Full Name of Father <u>James E. Mitchell</u>				7. State or Country of Father's Birth <u>Urban, Ohio</u>	
MOTHER	8. Full Maiden Name of Mother <u>May Callahan</u>				9. State or Country of Mother's Birth <u>Clinton, Iowa</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Pauline Ada Mitchell</u>	11. Present Address of Registrant <u>3316 W. E. 55th Ave</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>September 27 1952</u>				12. Signature of Notary <u>Bess Ford</u>	13. Notary Commission expires <u>Sept. 23 1956</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

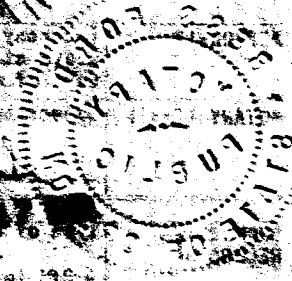
SUPPORTING RECORD 1. Class <u>B</u>	Type of Document <u>Affidavit by older sister</u>		By whom issued and signed <u>Margaret Mitchell</u>	Date issued <u>6/5/51</u>	Date Orig. Entry
	Date of Birth <u>Sept. 26, 1898</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <u>Affidavit by older brother</u>		By whom issued and signed	Date issued <u>9/17/52</u>	Date Orig. Entry
	Date of Birth <u>Sept. 26, 1898</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother <u>May Callahan</u>	Name of Father <u>James E. Mitchell</u>	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <u>Application for Life Insurance</u>		By whom issued and signed <u>Equitable Life Insurance Co.</u>	Date issued	Date Orig. Entry <u>Oct. 13, 1930</u>
	Date of Birth <u>Sept. 26, 1898,</u>	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mabel F. Fisher</u>	Date Filed <u>Oct. 16, 1952</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

<p>DATE OF BIRTH 1930</p> <p>PLACE OF BIRTH Iowa</p> <p>NAME OF CHILD John Doe</p> <p>DATE OF DEATH 1930</p> <p>PLACE OF DEATH Iowa</p> <p>NAME OF DECEASED John Doe</p> <p>DATE OF BURIAL 1930</p> <p>PLACE OF BURIAL Iowa</p> <p>NAME OF BURIAL PLACE St. Mary's</p>	<p>NAME OF REGISTRAR John Doe</p> <p>DATE OF REGISTRATION 1930</p> <p>PLACE OF REGISTRATION Iowa</p> <p>NAME OF REGISTRAR'S OFFICE Iowa</p> <p>DATE OF REGISTRATION 1930</p> <p>PLACE OF REGISTRATION Iowa</p> <p>NAME OF REGISTRAR'S OFFICE Iowa</p>
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<p>NAME OF REGISTRAR John Doe</p> <p>DATE OF REGISTRATION 1930</p> <p>PLACE OF REGISTRATION Iowa</p> <p>NAME OF REGISTRAR'S OFFICE Iowa</p> <p>DATE OF REGISTRATION 1930</p> <p>PLACE OF REGISTRATION Iowa</p> <p>NAME OF REGISTRAR'S OFFICE Iowa</p>	<p>NAME OF REGISTRAR John Doe</p> <p>DATE OF REGISTRATION 1930</p> <p>PLACE OF REGISTRATION Iowa</p> <p>NAME OF REGISTRAR'S OFFICE Iowa</p> <p>DATE OF REGISTRATION 1930</p> <p>PLACE OF REGISTRATION Iowa</p> <p>NAME OF REGISTRAR'S OFFICE Iowa</p>
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3415
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth EBER MICHAEL WILSON				2. Date (month) (day) (year) Birth June 25 1898		
	3. Color or Race white	4. Sex Male	5. Place of Birth Idaho	a. County Boise	b. City or Town of Birth Placerville		
FATHER	6. Full Name of Father Chase Charles Wilson				7. State or Country of Father's Birth Perrysburg, Ohio		
MOTHER	8. Full Maiden Name of Mother Louise Johanna Corcoran				9. State or Country of Mother's Birth Placerville, Idaho		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Eber M. Wilson</i>		11. Present Address of Registrant 1915 State St. Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 19____		12. Signature of Notary		13. Notary Commission expires 19____		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Certificate of Baptism		By whom issued and signed St. John's Cathedral Rev. K. F. Rowe Boise, Idaho		Date issued 10/24/52	Date Orig. Entry 7/28/1898
	Date of Birth June 25 1898	Birth Place	Full Name of Mother Louise Corcoran		Name of Father Chase Wilson	
SUPPORTING RECORD 2.	Type of Document School Record		By whom issued and signed Boise High School George Fields, Principal		Date issued 10/28/52	Date Orig. Entry 10/28/52
	Date of Birth June 25 1898	Birth Place Idaho	Full Name of Mother		Name of Father C. C. Wilson	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Eva Karnes			Date Filed 10/29/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3462
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth KATHRYN REEDY				2. Date (month) (day) (year) Birth May 5 1898		
	3. Color or Race white	4. Sex F	5. Place of Birth Idaho	a. County Blaine	b. City or Town of Birth Hailey, Idaho		
FATHER	6. Full Name of Father Joseph Harrison Reedy				7. State or Country of Father's Birth Grayson County, Virginia		
MOTHER	8. Full Maiden Name of Mother Lena McCann				9. State or Country of Mother's Birth Siloam Springs, Arkansas		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Kathryn R. Anderson</i>		11. Present Address of Registrant Box 234 Glenns Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Nov 18 1952		12. Signature of Notary <i>Mabel F. Deffen</i>		13. Notary Commission expires May 7 1953		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>A</u>	Type of Document Newspaper Notice		By whom issued and signed Wood River Times	Date issued 10/30/52	Date Orig. Entry May 6 1898
	Date of Birth May 5 1898	Birth Place Hailey, Idaho	Full Name of Mother Joseph H. Reedy	Name of Father	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Application for Federal Employment—Civil Service Commission		By whom issued and signed 9/18/43	Date issued Sept 18 1943	Date Orig. Entry
	Date of Birth May 5 1898	Birth Place Hailey, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Eva Karnes	Date Filed 11/18/52

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

11/15/52 11:15 AM - 11:30 AM
11/15/52 11:30 AM - 11:45 AM
11/15/52 11:45 AM - 12:00 PM

[illegible]

1. State of County of ...
 2. State of County of ...
 3. State of County of ...
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 10. State of County of ...

[illegible]

Class	Serial	Date of Document	Date of Birth	Birth Place	Full Name of Mother	Name of Father
Class 1	Serial 1	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 2	Serial 2	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 3	Serial 3	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 4	Serial 4	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 5	Serial 5	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 6	Serial 6	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 7	Serial 7	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 8	Serial 8	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 9	Serial 9	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938
Class 10	Serial 10	May 2 1938	May 2 1938	May 2 1938	May 2 1938	May 2 1938

[illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3568
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Austin Selmer Tweed				2. Date (month) (day) (year) Of Birth Sept. 19 1898	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Wallace Shoshone		b. City or Town of Birth Wallace, Idaho	
FATHER	6. Full Name of Father Thomas S. Tweed				7. State or Country of Father's Birth Norway	
MOTHER	8. Full Maiden Name of Mother Mary A. (Ness) Tweed				9. State or Country of Mother's Birth Norway	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Austin S. Tweed</i>		11. Present Address of Registrant Box 2559 Ketchikan, Alaska
NOTARY (Seal)	Subscribed and sworn to before me on <i>Dec. 12</i> 19 <i>52</i>			12. Signature of Notary <i>Myrland P. Hanson</i>		13. Notary Commission expires NOTARY PUBLIC FOR ALASKA MY COMMISSION EXPIRES SEPT. 16, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Church Record		By whom issued and signed Wallace Methodist Church Rev. Francis Kinch, Pastor		Date Issued Baptised	Date Orig. Entry Jan. 20, 1899
	Date of Birth Sept. 19,	Birth Place 1898, Wallace, Idaho	Full Name of Mother Mary A. Tweed		Name of Father Thomas S. Tweed	
Class* <u>A</u>						
SUPPORTING RECORD 2.	Type of Document Honorable Discharge		By whom issued and signed U. S. Marine Corps		Date issued 1-9-22	Date Orig. Entry
	Date of Birth Sept. 19,	Birth Place 1898, Wallace, Idaho	Full Name of Mother		Name of Father	
Class <u>B</u>						
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
Class _____						
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by <i>Malcolm K. Keefe</i>			Date Filed Dec. 17, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELATED CERTIFICATE OF BIRTH

STATE OF IOWA

Department of Public Health

Division of Vital Statistics

Office, Iowa

Registration

Birth in Iowa

Registration

White

Male

Thomas S. Tweed

State of Iowa

County of Iowa

Present Address of Registrant

For State Registration

Notary Commission Expires

Notary Public or Clerk

Date Issued

Date Expired

Date Issued

Date Expired

Date Issued

Date Expired

Date Issued

Date Expired

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Date Issued



Notary Public or Clerk

Notary Public or Clerk

Date Issued

Notary Public or Clerk

Date Issued

DEC 17 1935

DEC 17 1935

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. De53 29
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County WASHINGTON (b) City MINERAL
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County WASHINGTON
(c) City MINERAL
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 60 yrs.
3. **RESIDENCE OF FATHER** (city, state) MINERAL IDAHO
4. **FULL NAME OF CHILD** FRANCES CHARLOTTE HINKLEY
5. Date of Birth of Child
(Month, day, year) JAN. 14, 1897
6. Sex FEMALE 7. Twin or Triplet SINGLE 8. No. months of Pregnancy 9 9. Legitimate? YES
10. **FATHER OF CHILD**
FULL NAME ROBERT DWIGHT HINKLEY
11. Color or Race WHITE 12. Age at time of THIS birth 41 yrs.
13. Birthplace UNKNOWN IOWA
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business _____
16. **MOTHER OF CHILD**
FULL MAIDEN NAME FRANCES LEONORA DENNY
17. Color or Race WHITE 18. Age at time of THIS birth 40 yrs.
19. Birthplace UNKNOWN IOWA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of IDAHO
County of IDAHO } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 54 years, and that MARILLA TARTER who attended this birth DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frederic A. Hinkley Signature
Riggins 3rd P. O. Address

Subscribed and sworn to before me this 23 day of November, 1952

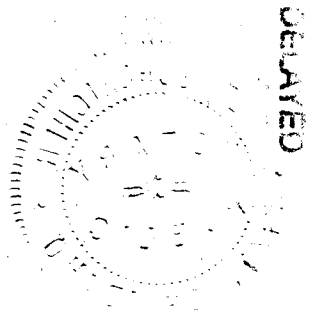
(SEAL) Walt. Schlicher Notary Public, residing at Riggins Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on January 12, 1953 by W. W. Benson, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Frances Charlotte Hinkley</i>					2. Date (month) (day) (year) Of Birth <i>January 14, 1898</i>	
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth <i>Mineral</i>	6. County <i>Washington</i>	7. City or Town of Birth <i>Mineral</i>		
FATHER	6. Full Name of Father <i>Robert Dwight Hinkley</i>					7. State or Country of Father's Birth <i>Iowa</i>	
MOTHER	8. Full Maiden Name of Mother <i>Frances Lenora Demmey</i>					9. State or Country of Mother's Birth <i>Iowa</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Frances Mathewey Rampa</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>November 22, 1952</i>					11. Present Address of Registrant <i>Idaho</i>	
	12. Signature of Notary <i>Walt. Schleicher</i>					13. Notary Commission expires <i>December 14, 1954</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class*					
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar		Evidence reviewed by	Date Filed	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

63-24-016-767

United States
Department of Commerce
Bureau of the Census

(Be sure the child is as of date of birth of THIS child)

State File No. De 53-42
Local Reg. No.
Reg. Dist. No.

RECEIVED
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** Jessie May Ottley
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Elba Idaho
5. Date of Birth of Child (Month, day, year) April 24-1898
8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Peter Henry Ottley
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Bussie Essex England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sophia Eliza Hodfrey
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace South Cottonwood Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at Elba M. on the date April 24 (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Sophia Ottley who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Ann Perry M.D. Midwife Address Date April 24 1953

State of Idaho County of Cassia Co. } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 54 years, and that Ann Perry (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elba H. Beecher Signature
Elba, Cassia Co, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of December 19 53
(SEAL) Mabelle L. Snodgrass Notary Public, residing at Albion Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on Jan. 14, 1953 by W. W. Benson Registrar.

JAN 15 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 128
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth WILLIAM FRANKLIN CHANDLER			2. Date (month) (day) (year) Of Birth August 29 1898		
	3. Color or Race White	4. Sex Male	5. Place of Birth Latah	b. City or Town of Birth Moscow Latah County, Idaho		
FATHER	6. Full Name of Father James Dillard Chandler			7. State or Country of Father's Birth Polk County, Oregon		
MOTHER	8. Full Maiden Name of Mother Elvira Louisa Gragg			9. State or Country of Mother's Birth Wataugo County, No. Carolina		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>William Franklin Chandler</i>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <u>6th day Feb. 1953</u>			12. Signature of Notary <i>John O. Eastman</i>		13. Notary Commission expires <u>Feb. 4 1957</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1- Class <u>A</u>	Type of Document Family Bible Record of Births		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth Aug. 29, 1898	Birth Place Latah County	Full Name of Mother Elvira Louisa Gragg		Name of Father James Dillard Chandler	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Certificate of Age from Election Record		By whom issued and signed T. W. Stivers, Auditor of T. F. County		Date issued 1/30/53	Date Orig. Entry Registered in 1942, Buhl #3 Prec.
	Date of Birth Aug. 29, 1898	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton		Date Filed Feb. 9, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CHIEF OF STATE

FEB 10 1953

437-124-025-239 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De53-267
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Charles Franklin McPherson</u>				2. Date of Birth (month) (day) (year) <u>August 24 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>male</u>	5. Place of Birth <u>Clearwater Idaho</u>		6. City or Town of Birth <u>Clearwater</u>	
FATHER	6. Full Name of Father <u>James McPherson</u>				7. State or Country of Father's Birth <u>Texas Gainesville</u>	
MOTHER	8. Full Maiden Name of Mother <u>Harriet Olive Straugh</u>				9. State or Country of Mother's Birth <u>Pennsylvania</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Charles Franklin McPherson</u>		11. Present Address of Registrant <u>414-4th St Lewiston Ida</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>First November 19 32</u>			12. Signature of Notary <u>Ray A. Jensen</u>		13. Notary Commission expires <u>Jan 24 19 33</u>

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Family Bible Record</u>		By whom issued and signed <u>Olive Straugh McPherson</u>		Date Issued <u>Aug of 1898</u>	Date Orig. Entry <u>Aug of 1898</u>
	Date of Birth <u>Aug 24, 1898</u>	Birth Place <u>Idaho County</u>	Full Name of Mother <u>Harriett Olive Straugh</u>		Name of Father <u>James McPherson</u>	
SUPPORTING RECORD 2.	Type of Document <u>Affidavit of Mother</u>		By whom issued and signed <u>Harriett Olive Straugh McPherson</u>		Date issued <u>11/1/52</u>	Date Orig. Entry <u>11/1/52</u>
	Date of Birth <u>Aug 24, 1898</u>	Birth Place <u>Idaho County</u>	Full Name of Mother <u>Harriett Olive Straugh McPherson</u>		Name of Father <u>James McPherson</u>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Eva Karnes</u>	Date Filed <u>March 17, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

State of Idaho
County of Idaho SS

MAR 17 1953

Harriet Olive Strough (McPherson) being first duly sworn, deposes and says: That she is a citizen of the United States, a resident of Kooskia, Idaho, and is above age of 75 years; that on August 24, 1898, Charles Franklin McPherson, a son, was born to her and her husband, James. McPherson, at the family ranch home at Clearwater, Idaho County, State of Idaho; that there was doctor available and Mrs. Johanna Ruark attended affiant at the birth;

Harriett Olive Strough McPherson

Subscribed and sworn to before me this first day of November, 1952

Lloyd A. Jensen
.....
Notary Public Kooskia Idaho

My Commission expires Jan 24, 1953

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-210-021-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-276
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at family residence
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Preston-Ida

4. **FULL NAME OF CHILD** Nora Hulda Carleen Beckstrom
5. Date of Birth of Child (Month, day, year) May 10 1898
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Herman Beckstrom
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hulda Emelia Carlson
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hulda Beckstrom who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho }
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for life years, and that Physician, who attended this birth. cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hulda Beckstrom Signature

Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of February, 1953

(SEAL)

Leander A. McCut Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

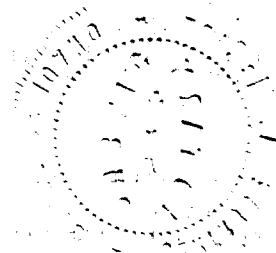
Received for filing on March 18, 1953 by W. W. Benson, Registrar.

MAR 19 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 317
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Lilly Rose Bischoff</i>				2. Date (month) (day) (year) Of Birth <i>March 18 1898</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth a. County <i>Bern Ida Bear Lake</i>		b. City or Town of Birth <i>Bern Ida</i>	
FATHER	6. Full Name of Father <i>John Bischoff</i>				7. State or Country of Father's Birth <i>Bern Switzerland</i>	
MOTHER	8. Full Maiden Name of Mother <i>Rosa Stalder</i>				9. State or Country of Mother's Birth <i>Bern Switzerland</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lilly Rose Bischoff</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Jan 8 1953</i>				11. Present Address of Registrant <i>144 So. Fairfield</i>	
	12. Signature of Notary <i>E.H. Berrett</i>				13. Notary Commission expires <i>March 1 1955</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>Affidavit by father</i>		By whom issued and signed <i>John Bischoff</i>	Date issued <i>1/9/53</i>	Date Orig. Entry
	Date of Birth <i>Mar. 18, 1898</i>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <i>Marriage License</i>		By whom issued and signed <i>Anna Keefe, Recorder, Pannock</i>	Date issued <i>County</i>	Date Orig. Entry <i>Nov. 17, 1948</i>
	Date of Birth <i>50 yrs old</i>	Birth Place <i>Bern, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document <i>Child's birth certificate</i>		By whom issued and signed <i>State of Idaho Bureau of Vital Statistics</i>	Date issued <i>Filed on May 5, 1919</i>	Date Orig. Entry <i>Child born on Apr 14, 1919</i>
	Date of Birth <i>21 yrs old</i>	Birth Place <i>Bear Lake Co., Idaho</i>	Full Name of Mother	Name of Father <i>John Bischoff</i>	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Edna Hamilton</i>	Date Filed <i>March 30, 1953</i>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

RECEIVED
JAN 10 1954
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: [Illegible]
RE: [Illegible]

1. [Illegible]
2. [Illegible]
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6. [Illegible]
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100. [Illegible]

[The following text is mirrored bleed-through from the reverse side of the document and is oriented upside down relative to each other.]

RECEIVED
JAN 10 1968
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

DATE OF REPORT: JAN 10 1968
REPORT NO.: 100-100000-1000
SUBJECT: [Illegible]
AUTHOR: [Illegible]
TITLE: [Illegible]

APPROVED FOR RELEASE BY: [Illegible]
ON: [Illegible]

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2000 BY SP-6 [Illegible]

CONFIDENTIAL

DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. D-53-325
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>ON 17 CLEVELAND</u>			2. Date (month) (day) (year) Of Birth <u>OCT</u> <u>7</u> <u>1898</u>		
	3. Color or Race <u>WHITE</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>ST CHARLES, IDAHO</u>	a. County <u>Bear River</u> b. City or Town of Birth <u>Charles</u>		
FATHER	6. Full Name of Father <u>Elyse Charles Cleveland</u>			7. State or Country of Father's Birth <u>Colorado</u>		
MOTHER	8. Full Maiden Name of Mother <u>Susie Merkley</u>			9. State or Country of Mother's Birth <u>Idaho</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Ona Pierson</u>		11. Present Address of Registrant <u>Vacaville Calif</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>11/19/52</u> 19__			12. Signature of Notary <u>[Signature]</u> NOTARY PUBLIC IN AND FOR SOLANO COUNTY, CALIFORNIA		13. Notary Commission expires <u>12/8/52</u> 19__

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Susie Cleveland</u>		Date issued <u>Nov 23, 1953</u>
	Date of Birth <u>Oct. 7, 1898</u>	Birth Place <u>St. Charles, Idaho</u>	Full Name of Mother		Name of Father
Class <u>B</u>					
SUPPORTING RECORD 2-	Type of Document <u>Certificate of Marriage</u>		By whom issued and signed <u>State of Wyoming</u> <u>County of Uinta</u>		Date issued <u>7-19-1917</u>
	Date of Birth <u>18 yrs old</u>	Birth Place	Full Name of Mother		Name of Father
Class <u>B</u>					
SUPPORTING RECORD 3-	Type of Document <u>Baptismal record</u>		By whom issued and signed <u>L. D. S. Church</u> <u>D. M. Hoffman</u>		Date issued <u>4/29/37</u>
	Date of Birth <u>Oct. 7, 1898</u>	Birth Place <u>St. Charles, Idaho</u>	Full Name of Mother <u>Susie Merkley</u>		Date Orig. Entry <u>Baptized on May 9, 1907</u>
Class <u>B</u>					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W.W. Benson</u>		Evidence reviewed by <u>E. Hamilton</u>		Date Filed <u>March 30, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. Name of Person		2. Date of Birth		3. Sex		4. Race		5. Occupation		6. Address		7. City		8. State		9. Country	
John Doe		1/1/1900		M		W		Farmer		123 Main St		Houston		TX		USA	
10. Signature of Person		11. Signature of Clerk		12. Date of Filing		13. Fee Paid		14. Remarks		15. Index Number		16. Serial Number		17. Date of Issue		18. Date of Expiration	
[Signature]		[Signature]		3/17/1933		\$1.00		None		1000000000		1000000000		3/17/1933		3/17/1933	

MAR 17 1933



863-210-319
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-354
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Helene Alice Holee				2. Date (month) (day) (year) Of Birth July 10 1898		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Lewis		b. City or Town of Birth Forest		
FATHER	6. Full Name of Father Hans Eric Holee				7. State or Country of Father's Birth Stavanger, Norway		
MOTHER	8. Full Maiden Name of Mother Andrea Olive Larsen				9. State or Country of Mother's Birth Ekersund, Norway		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Helene Alice Holee</i> <i>I saw Mrs. Edna W. W. Benson</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 22 1952</i>				12. Signature of Notary for Oregon <i>J. D. McLaughlin</i>		11. Present Address of Registrant 9430 S E Wichita Ave. Milwaukie, Oregon.
					13. Notary Commission expires 6 / 4 1954		

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Affidavit by older sister		Carole Holee Kerr		12/11/52		
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	July 10, 1898	Forest, Idaho	Andrea Olive Holee		Hans Eric Holee		
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Affidavit by an older sister		Cora Holee Schaffner		12/9/52		
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	July 10, 1898	Forest, Idaho	Andrea Olive Holee		Hans Eric Holee		
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Census Record		Bureau of the Census Department of Commerce		Census of	1900	
Class <u>A</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	1 yr old July 1898	Idaho	Ina and		Hans Holee		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by <i>W. W. Benson</i>	Date Filed April 9, 1953
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* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION CERTIFICATE OF BIRTH

City of Chicago

Department of Health
Division of Vital Statistics
Chicago, Ill.

1981

to

July

White Alice Holmes

Birth Date

City of Town of Birth

County of Cook

White female

Registration

State of Illinois

DeKalb County, Illinois

White female

FATHER

State of Illinois

DeKalb County, Illinois

White female

MOTHER

Ill. Department of Health

800 S. Wabash Ave.

Chicago, Ill.

Ill. Department of Health

Signature of Registrar

Signature of Registrar

Signature of Registrar

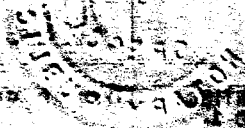
Signature of Registrar

Signature of Registrar

1981

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Date of Birth

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Name of Father

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This certificate is valid only if it is signed by the Registrar and the Registrar's signature is in the space provided for the Registrar's signature.

Date of Birth

Date of Birth

Date of Birth

Date of Birth

Date of Birth



A F F I D A V I T

State of Washington)
County of Stevens) ss

I, Cora (Holee) Schaffner, being duly sworn, do depose
and say that:

I am an older sister of Helene Alice Holee, daughter
of Andrea Olive (mother) and Hans Eric Holee (father). That to
my full knowledge, she was born in the town of Forest, Lewis
County, State of Idaho, on July 10th, 1898.

Mrs. Cora Holee Schaffner

Subscribed and sworn to before me this 9th day of Dec.
A D 1952

J. C. McMillan

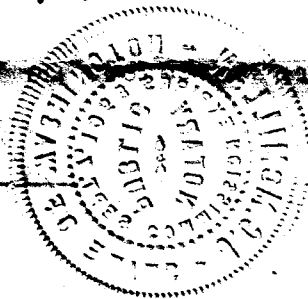
T I V A G I A

State of Washington
County of Stevens
ss :

I, Cord (Holee) Schaffner, being duly sworn, do depose
and say that:

I am an older sister of Helene Alice Holee, daughter
of Anders Olive (mother) and Hans Eric Holee (father). That to
my full knowledge, she was born in the town of Forest, Lewis
County, State of Idaho, on July 10th, 1898.

Mr. Cord Schaffner



Subscribed and sworn to before me this _____ day of _____, 19__
A D 19__

A F F I D A V I T

State of New Mexico)
City of Albuquerque: ss
County of Bernalillo

I, Carole (Holee) Kerr, being duly sworn, do depose and say that:

I am an older sister of Helene Alice Holee, daughter of Andrea Olive (mother) and Hans Eric Holee (father). That to my full knowledge, she was born in the town of Forest, Lewis County, State of Idaho, on July 10th, 1898.

Carole (Holee) Kerr

Subscribed and sworn to before me this 11th day of
December AD 1952

Mary Stewart

My comm. expires 8/20/54

T I V A C I A T

State of New Mexico)
City of Albuquerque: ss
County of Bernalillo

I, Carlos (Holas) Kerr, being duly sworn, do depose and say that:

I am an older sister of Helena Alice Holas, daughter of Amos Olive (mother) and Hans Eric Holas (father). That to my full knowledge, she was born in the town of Forest, Lewis County, State of Idaho, on July 10th, 1898.

Carlos (Holas) Kerr

Subscribed and sworn to before me this 11th day of

November AD 1922

My Comm. Expires 11/30/24

11/30/24



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556.225.001-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-357

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>13</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Star</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>70</u> yrs.	
4. FULL NAME OF CHILD <u>Flora May Newell</u>		5. Date of Birth of Child (Month, day, year) <u>May 25 1898</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Shelby Newell</u> 11. Color <u>White</u> 12. Age at time <u>26</u> or Race _____ of THIS birth _____ yrs. 13. Birthplace <u>Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Martha Virginia Smith</u> 17. Color <u>White</u> 18. Age at time <u>22</u> or Race _____ of THIS birth _____ yrs. 19. Birthplace <u>Nashville Tennessee</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho } ss. **AFFIDAVIT**
County of Ada } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 50 years, and that Margaret Newell who attended this birth is now deceased. I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of February, 19 53.
(SEAL) [Signature] Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

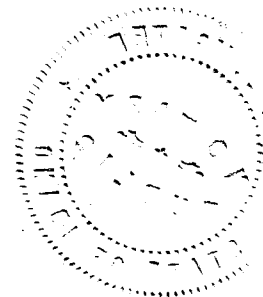
Received for filing on April 9, 1953 by W. W. Benson, Registrar

APR 9 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-376
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Hazel D. Wheaton</u>			2. Date (month) (day) (year) Of Birth <u>Jan.</u> <u>15</u> <u>1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>U. S. A.</u>	b. City or Town of Birth <u>Labell, Idaho</u>	
FATHER	6. Full Name of Father <u>Frances V. Wheaton</u>			7. State or Country of Father's Birth <u>Mich. U S A</u>	
MOTHER	8. Full Maiden Name of Mother <u>Nola Hunt</u>			9. State or Country of Mother's Birth <u>Idaho U S A,</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Hazel D. Wheaton</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 18</u> <u>1953</u>			11. Present Address of Registrant <u>2345 Wall Ave Ogden, Ut.</u>	
				12. Signature of Notary <u>Walter B. Green</u>	
				13. Notary Commission expires <u>January 26</u> <u>1954</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* <u>A</u>	Type of Document <u>Bible Record</u>	By whom issued and signed <u>Family Bible viewed by Geo. M. Larsen, Notary</u>	Date issued	Date Orig. Entry <u>Jan. 15, 1898</u>
	Date of Birth <u>Jan. 15, 1898</u>	Birth Place	Full Name of Mother <u>Nola Wheaton</u>	Name of Father <u>Francis V. Wheaton</u>
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <u>Affidavit by sister</u>	By whom issued and signed <u>Bessie Wheaton Pearce</u>	Date issued <u>April 13, 1953</u>	Date Orig. Entry
	Date of Birth <u>Jan. 15, 1898</u>	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <u>Affidavit by mother</u>	By whom issued and signed <u>Nola Wheaton</u>	Date issued <u>April 13, 1953</u>	Date Orig. Entry
	Date of Birth <u>Jan. 15, 1953</u>	Birth Place <u>Labell, Idaho</u>	Full Name of Mother	Name of Father

QUALIFYING INFORMATION	

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Walter B. Green</u>	Date Filed <u>April 14, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

OFFICIAL CERTIFICATE OF BIRTH

STATE OF IOWA

Department of Health
Division of Vital Statistics
Iowa State Capitol
Des Moines, Iowa

APR 13 1933

1. Name of Child _____		2. Sex of Child _____	
3. Date of Birth _____		4. Place of Birth _____	
5. Name of Father _____		6. Name of Mother _____	
7. State or County of Father's Birth _____		8. State or County of Mother's Birth _____	
9. Present Address of Child's Parents _____		10. Signature of Registrar _____	
11. Name of Child's Father _____		12. Name of Child's Mother _____	
13. Date of Birth _____		14. Place of Birth _____	
15. Name of Father _____		16. Name of Mother _____	
17. State or County of Father's Birth _____		18. State or County of Mother's Birth _____	
19. Present Address of Child's Parents _____		20. Signature of Registrar _____	



Date Filed
April 11 1933

Witnessed and signed by

W. H. LORSON

This is a record of the birth of a child in the State of Iowa. It is a public document and is subject to the provisions of the laws of the State of Iowa. It is not to be used for any other purpose.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Do53-454
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Floyd Warren Lawrence</u>				2. Date (month) (day) (year) Of Birth <u>August 25 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>JANESVILLE</u>	a. County <u>LETAH</u>	b. City or Town of Birth <u>JANESVILLE Post Office</u>	
FATHER	6. Full Name of Father <u>George Russell Lawrence</u>				7. State or Country of Father's Birth <u>FAYETTE IOWA</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Esther Parks</u>				9. State or Country of Mother's Birth <u>MONMOUTH KANSAS</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Floyd Warren Lawrence</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 6 1953</u>				11. Present Address of Registrant <u>Deary Idaho</u>	
	12. Signature of Notary <u>[Signature]</u>				13. Notary Commission expires <u>December 30 1953</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Affidavit by father</u>		By whom issued and signed <u>George Russell Lawrence</u>	Date issued <u>Apr. 13, 1953</u>	Date Orig. Entry
	Date of Birth <u>Aug. 25, 1898,</u>	Birth Place <u>JANESVILLE, Idaho</u>	Full Name of Mother <u>Mary Esther Parks</u>	Name of Father <u>George Russell Lawrence</u>	
SUPPORTING RECORD 2-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Idaho Mutual Benefit Assoc.</u>	Date issued <u>2-6-45</u>	Date Orig. Entry
	Date of Birth <u>Aug. 25, 1898,</u>	Birth Place <u>Deary, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document <u>Idaho Fish & Game License</u>		By whom issued and signed <u>State of Idaho</u>	Date issued <u>6-30-51</u>	Date Orig. Entry
	Date of Birth <u>52 yrs old</u>	Birth Place <u>Deary, Idaho</u>	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>[Signature]</u>	Date Filed <u>May 4, 1953</u>	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF TEXAS DEPARTMENT OF HEALTH

MAY 5 1934

Birth Certificate of
 State of Texas
 County of Harris
 City of Houston
 Date of Birth
 Place of Birth
 Name of Father
 Name of Mother
 Name of Child
 Sex of Child
 Color of Child
 Religion of Child
 Occupation of Father
 Occupation of Mother
 Occupation of Child
 Name of Physician
 Name of Nurse
 Name of Midwife
 Name of Doctor
 Name of Hospital
 Name of Clinic
 Name of Dispensary
 Name of Pharmacy
 Name of Store
 Name of Office
 Name of Building
 Name of Street
 Name of City
 Name of State
 Name of Country

Signature of Registrar
 Signature of Father
 Signature of Mother
 Signature of Child
 Signature of Physician
 Signature of Nurse
 Signature of Midwife
 Signature of Doctor
 Signature of Hospital
 Signature of Clinic
 Signature of Dispensary
 Signature of Pharmacy
 Signature of Store
 Signature of Office
 Signature of Building
 Signature of Street
 Signature of City
 Signature of State
 Signature of Country

Date Filed
 Date of Birth
 Date of Death
 Date of Marriage
 Date of Divorce
 Date of Adoption
 Date of Naturalization
 Date of Citizenship
 Date of Residency
 Date of Domicile
 Date of Residence
 Date of Abode
 Date of Dwelling
 Date of Habitation
 Date of Inhabitation
 Date of Occupancy
 Date of Possession
 Date of Ownership
 Date of Title
 Date of Interest
 Date of Right
 Date of Power
 Date of Authority
 Date of Jurisdiction
 Date of Competence
 Date of Capacity
 Date of Ability
 Date of Skill
 Date of Knowledge
 Date of Understanding
 Date of Intelligence
 Date of Reason
 Date of Logic
 Date of Sense
 Date of Perception
 Date of Apprehension
 Date of Conception
 Date of Birth
 Date of Development
 Date of Growth
 Date of Maturity
 Date of Decline
 Date of Old Age
 Date of Death

Name of Father
 Name of Mother
 Name of Child
 Sex of Child
 Color of Child
 Religion of Child
 Occupation of Father
 Occupation of Mother
 Occupation of Child
 Name of Physician
 Name of Nurse
 Name of Midwife
 Name of Doctor
 Name of Hospital
 Name of Clinic
 Name of Dispensary
 Name of Pharmacy
 Name of Store
 Name of Office
 Name of Building
 Name of Street
 Name of City
 Name of State
 Name of Country



Date Filed
 Date of Birth
 Date of Death
 Date of Marriage
 Date of Divorce
 Date of Adoption
 Date of Naturalization
 Date of Citizenship
 Date of Residency
 Date of Domicile
 Date of Residence
 Date of Abode
 Date of Dwelling
 Date of Habitation
 Date of Inhabitation
 Date of Occupancy
 Date of Possession
 Date of Ownership
 Date of Title
 Date of Interest
 Date of Right
 Date of Power
 Date of Authority
 Date of Jurisdiction
 Date of Competence
 Date of Capacity
 Date of Ability
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 Date of Reason
 Date of Logic
 Date of Sense
 Date of Perception
 Date of Apprehension
 Date of Conception
 Date of Birth
 Date of Development
 Date of Growth
 Date of Maturity
 Date of Decline
 Date of Old Age
 Date of Death

Name of Father
 Name of Mother
 Name of Child
 Sex of Child
 Color of Child
 Religion of Child
 Occupation of Father
 Occupation of Mother
 Occupation of Child
 Name of Physician
 Name of Nurse
 Name of Midwife
 Name of Doctor
 Name of Hospital
 Name of Clinic
 Name of Dispensary
 Name of Pharmacy
 Name of Store
 Name of Office
 Name of Building
 Name of Street
 Name of City
 Name of State
 Name of Country

Name of Father
 Name of Mother
 Name of Child
 Sex of Child
 Color of Child
 Religion of Child
 Occupation of Father
 Occupation of Mother
 Occupation of Child
 Name of Physician
 Name of Nurse
 Name of Midwife
 Name of Doctor
 Name of Hospital
 Name of Clinic
 Name of Dispensary
 Name of Pharmacy
 Name of Store
 Name of Office
 Name of Building
 Name of Street
 Name of City
 Name of State
 Name of Country

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De53-176
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Sarah Mae Workman</u>					2. Date (month) (day) (year) Of Birth <u>May</u> <u>16</u> <u>1898</u>		
	3. Color or Race <u>white</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Parker, Idaho</u>	a. County <u>Fremont</u>		b. City or Town of Birth		
FATHER	6. Full Name of Father <u>Thomas William Workman</u>					7. State or Country of Father's Birth <u>Utah - U.S.A.</u>		
MOTHER	8. Full Maiden Name of Mother <u>Sarah Hiatt</u>					9. State or Country of Mother's Birth <u>Utah - U.S.A.</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Mae W. Shurtliff</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>341 APR 30 '53</u> 19 <u>53</u>					11. Present Address of Registrant <u>7614 Truxton Ave, Los Angeles Calif.</u>		
						12. Signature of Notary <u>[Signature]</u>		
						13. Notary Commission expires <u>1954</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE My Commission Expires January 21, 1954

SUPPORTING RECORD 1-	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date Issued <u>Baptized</u>	Date Orig. Entry <u>July 5, 1908</u>
	Date of Birth <u>May 16, 1898</u>	Birth Place <u>Parker, Idaho</u>	Full Name of Mother <u>Sarah Hiatt</u>		Name of Father <u>Thomas W. Workman</u>	
Class* <u>B</u>						
SUPPORTING RECORD 2-	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>		Date Issued <u>Census</u>	Date Orig. Entry <u>of 1910</u>
	Date of Birth <u>11 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Sarah and Thomas Workman</u>		Name of Father	
Class <u>B</u>						
SUPPORTING RECORD 3-	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Metropolitan Life Insurance Co.</u>		Date Issued <u>3-4-35</u>	Date Orig. Entry
	Date of Birth <u>36 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
Class <u>B</u>						

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel Keeler</u>	Date Filed <u>May 12, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

Division of Vital Statistics
Chicago, Illinois

Local Reg. No.
Reg. Dist. No.
State File No.

1. Date of Birth
2. Date of Death
3. City or Town of Birth

4. State or County of Father's Birth
5. State or County of Mother's Birth

6. Present Address of Registrant
7. Present Address of Father
8. Present Address of Mother

9. Date of Issuance
10. Date of Expiration

11. Name of Father
12. Name of Mother

13. Date of Birth
14. Date of Death

15. Name of Father
16. Name of Mother

17. Date of Birth
18. Date of Death

19. Name of Father
20. Name of Mother

21. Date of Birth
22. Date of Death

23. Name of Father
24. Name of Mother

1. Name of Registrant
2. Date of Birth
3. Date of Death

4. State or County of Father's Birth
5. State or County of Mother's Birth

6. Present Address of Registrant
7. Present Address of Father
8. Present Address of Mother

9. Date of Issuance
10. Date of Expiration

11. Name of Father
12. Name of Mother

13. Date of Birth
14. Date of Death

15. Name of Father
16. Name of Mother

17. Date of Birth
18. Date of Death

19. Name of Father
20. Name of Mother

21. Date of Birth
22. Date of Death

23. Name of Father
24. Name of Mother

1. Name of Registrant
2. Date of Birth
3. Date of Death

4. State or County of Father's Birth
5. State or County of Mother's Birth

6. Present Address of Registrant
7. Present Address of Father
8. Present Address of Mother

9. Date of Issuance
10. Date of Expiration

11. Name of Father
12. Name of Mother

13. Date of Birth
14. Date of Death

15. Name of Father
16. Name of Mother

17. Date of Birth
18. Date of Death

19. Name of Father
20. Name of Mother

21. Date of Birth
22. Date of Death

23. Name of Father
24. Name of Mother



REGISTRATION OF BIRTHS AND DEATHS IN THE DIVISION OF VITAL STATISTICS FOR THE YEAR 1933

DATE OF BIRTH: MAY 18, 1933

NAME OF FATHER: [illegible]

NAME OF MOTHER: [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Perdita Davis			2. Date (month) (day) (year) of January 4 1898 Birth	
	3. Color or Race White	4. Sex female	5. Place of Birth Paris	a. County Bear Lake	
FATHER	6. Full Name of Father John Orson Davis			7. State or Country of Father's Birth Utah Iron	
MOTHER	8. Full Maiden Name of Mother Mally B Hibbert			9. State or Country of Mother's Birth Gee Cross Eng	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Perdita L. Davis</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 29 1953</i>			11. Present Address of Registrant 360 West 17th So. S. L. C. Utah	
				12. Signature of Notary <i>Allen J. Brown</i>	
				13. Notary Commission expires <i>May 13 1954</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Church Record		By whom issued and signed L. D. S. Church, by Joseph Fielding Smith		Date issued 4/29/53
	Date of Birth Jan. 4, 1898	Birth Place Paris, Idaho	Full Name of Mother Mally B. Hibbert		Date Orig. Entry First entered on Record Oct. 7, 1906
SUPPORTING RECORD 2.	Type of Document Affidavit by mother		By whom issued and signed Mally H. Davis		Date issued May 14, 1953
	Date of Birth Jan. 4, 1898	Birth Place Paris, Idaho	Full Name of Mother		Date Orig. Entry
SUPPORTING RECORD 3.	Type of Document Affidavit by Aunt		By whom issued and signed Stella Davis Hays		Date issued May 14, 1953
	Date of Birth Jan. 4, 1898	Birth Place Paris, Idaho	Full Name of Mother		Date Orig. Entry
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
State Registrar W. W. Benson			Evidence reviewed by <i>Mally H. Davis</i>		Date Filed May 18, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 1 1968

RECEIVED
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

State of Country of Father's Birth
State of Country of Mother's Birth

17. Present Address of Applicant
18. Date of Birth of Applicant

1. I have been born and raised in the United States and am a citizen of the United States.
2. I have never been married and have no children.

[Handwritten signature and date: 5-1-68]

NAME OF APPLICANT	DATE OF BIRTH	PLACE OF BIRTH	DATE OF DOCUMENT	TYPE OF DOCUMENT
John Doe	1945	New York	1968	Passport
Jane Doe	1945	New York	1968	Passport
John Doe	1945	New York	1968	Passport
Jane Doe	1945	New York	1968	Passport
John Doe	1945	New York	1968	Passport
Jane Doe	1945	New York	1968	Passport
John Doe	1945	New York	1968	Passport
Jane Doe	1945	New York	1968	Passport
John Doe	1945	New York	1968	Passport
Jane Doe	1945	New York	1968	Passport



RECEIVED
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Date Filed

W. W. CROSBY

Class of Birth: This is a birth record and should be kept in the birth records section of the file. It should be kept in the birth records section of the file.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-506
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Eleanor Catherine Moser			2. Date (month) (day) (year) Of March 17 - 1898 Birth	
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Idaho Lewis	b. City or Town of Birth Nezperce	
FATHER	6. Full Name of Father Robert E. Moser			7. State or Country of Father's Birth North Carolina	
MOTHER	8. Full Maiden Name of Mother Florence May Brown			9. State or Country of Mother's Birth New York	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Eleanor Catherine Moser	11. Present Address of Registrant 727 SE. 4th.
NOTARY (Seal)	Subscribed and sworn to before me on Mar. 14 1953			12. Signature of Notary L. G. Richardson	13. Notary Commission expires Apr 29 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Child's birth certificate		By whom issued and signed County Clerk, County of Hood River, Oregon	Date issued	Date Orig. Entry July 4, 1930
	Date of Birth 32 yrs	Birth Place Nez Perce, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Insurance Application		By whom issued and signed George Rogers Clark Casualty Co.	Date issued	Date Orig. Entry Apr. 5, 1944
	Date of Birth Mch. 17, 1898	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document Affidavit by mother		By whom issued and signed Florence May Moser	Date issued	Date Orig. Entry Apr. 15, 1953
	Date of Birth Mch 17, 1898	Birth Place Nez Perce, Idaho	Full Name of Mother Florence May Moser	Name of Father Robert E. Moser	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Mabel E. Edger	Date Filed May 19, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

HT919 30-3140-14183 01/1/80

GRADE 40 214

MAY 19 1950

[illegible]

1963-1964
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 573
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Marvel V. Barrow</u>				2. Date (month) (day) (year) Of Birth <u>Jan.</u> <u>8</u> <u>1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Rigby, Idaho</u>	a. County <u>Fremont</u>	b. City or Town of Birth <u>Rigby</u>		
FATHER	6. Full Name of Father <u>John H. Barrow</u>				7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Ada Merrill</u>				9. State or Country of Mother's Birth <u>Utah</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Marvel V. Barrow</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 22</u> 19 <u>53</u>				11. Present Address of Registrant <u>1770 Pine Street</u> <u>San Francisco 9, California</u>		
					12. Signature of Notary of City <u>Co. San Francisco, State</u> <u>of California</u> <i>Gertrude S. Hayward</i>		
					13. Notary Commission expires <u>September 13, 1956</u> 19 <u> </u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <u>Census Record</u>		By whom issued and signed <u>Bureau of the Census</u>		Date issued <u>9/15/41</u>	Date Orig. Entry Census of <u>June 1, 1900</u>	
	Date of Birth <u>Jan. 1898</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Ada Barrow</u>		Name of Father <u>John H. Barrow</u>		
	Class* <u>A</u> <u>2 yrs old</u>						
SUPPORTING RECORD 2.	Type of Document <u>Application for Insurance</u>		By whom issued and signed <u>The Penn Mutual Life Insurance</u> <u>Company of Philadelphia</u>		Date issued	Date Orig. Entry <u>April 13, 1936</u>	
	Date of Birth <u>Jan. 8, 1898</u>	Birth Place <u>Rigby, Idaho</u>	Full Name of Mother		Name of Father		
	Class <u>B</u>						
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	Class _____						
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)							
State Registrar <u>W. W. Benson</u>			Evidence reviewed by <u>Edna Hamilton</u>			Date Filed <u>June 8, 1953</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 600
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mabel Claire Patrick</u>				2. Date (month) (day) (year) Of Birth <u>December 6 - 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>THREE CREEK</u>	a. County <u>Idaho</u>	b. City or Town of Birth <u>Idaho. THREE CREEK</u>	
FATHER	6. Full Name of Father <u>GEORGE DARLINGTON PATRICK</u>				7. State or Country of Father's Birth <u>Greenup Co. Kentucky</u>	
MOTHER	8. Full Maiden Name of Mother <u>LOUVENIA MCCOY GRAY</u>				9. State or Country of Mother's Birth <u>Missouri - April 13 - 1861</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Mabel Claire Patrick Skinner</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 3 1953</u>				11. Present Address of Registrant <u>425 Walnut Ave Grand Junction Colo.</u>	
					12. Signature of Notary <u>John H. Palmer</u>	
					13. Notary Commission expires <u>March 20 1954</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document		By whom issued and signed		Date issued
	<u>Application for Insurance</u>		<u>The Paul Revere Life Ins. Co.</u>		<u>May 17, 1934</u>
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father
	<u>Dec. 6, 1898</u>	<u>Idaho</u>			
SUPPORTING RECORD 2-	Type of Document		By whom issued and signed		Date issued
	<u>Affidavit by oldest brother</u>		<u>Karl D. Patrick</u>		<u>May 13, 1953</u>
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father
	<u>Dec. 6, 1898</u>	<u>Three Creek, Ida.</u>	<u>Louvenia McCoy Gray</u>		<u>George Darlington Patrick</u>
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued
	<u>Affidavit by Irene G. Patrick</u>		<u>Hartwell, Oldest Sister</u>		<u>June 5, 1953</u>
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father
	<u>Dec. 6, 1898</u>	<u>Three Creek, Idaho</u>	<u>Louvenia McCoy Gray</u>		<u>George Darlington Patrick</u>
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>		Date Filed <u>June 11, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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JUN 12 1963
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1. The Government of the United States of America, hereinafter referred to as the "Government", and the Government of the State of New York, hereinafter referred to as the "State", have entered into an agreement for the purpose of providing for the construction of a new bridge over the Hudson River, hereinafter referred to as the "Bridge".

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

1982-1983

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Reporting Year or Period	Project Name	Date Closed	Date Open
1999	Project 1	12/31/99	12/31/99
2000	Project 2	12/31/00	12/31/00
2001	Project 3	12/31/01	12/31/01
2002	Project 4	12/31/02	12/31/02
2003	Project 5	12/31/03	12/31/03
2004	Project 6	12/31/04	12/31/04
2005	Project 7	12/31/05	12/31/05
2006	Project 8	12/31/06	12/31/06
2007	Project 9	12/31/07	12/31/07
2008	Project 10	12/31/08	12/31/08
2009	Project 11	12/31/09	12/31/09
2010	Project 12	12/31/10	12/31/10
2011	Project 13	12/31/11	12/31/11
2012	Project 14	12/31/12	12/31/12
2013	Project 15	12/31/13	12/31/13
2014	Project 16	12/31/14	12/31/14
2015	Project 17	12/31/15	12/31/15
2016	Project 18	12/31/16	12/31/16
2017	Project 19	12/31/17	12/31/17
2018	Project 20	12/31/18	12/31/18
2019	Project 21	12/31/19	12/31/19
2020	Project 22	12/31/20	12/31/20
2021	Project 23	12/31/21	12/31/21
2022	Project 24	12/31/22	12/31/22
2023	Project 25	12/31/23	12/31/23
2024	Project 26	12/31/24	12/31/24
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2048	Project 50	12/31/48	12/31/48
2049	Project 51	12/31/49	12/31/49
2050	Project 52	12/31/50	12/31/50
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2052	Project 54	12/31/52	12/31/52
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2054	Project 56	12/31/54	12/31/54
2055	Project 57	12/31/55	12/31/55
2056	Project 58	12/31/56	12/31/56
2057	Project 59	12/31/57	12/31/57
2058	Project 60	12/31/58	12/31/58
2059	Project 61	12/31/59	12/31/59
2060	Project 62	12/31/60	12/31/60
2061	Project 63	12/31/61	12/31/61
2062	Project 64	12/31/62	12/31/62
2063	Project 65	12/31/63	12/31/63
2064	Project 66	12/31/64	12/31/64
2065	Project 67	12/31/65	12/31/65
2066	Project 68	12/31/66	12/31/66
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2068	Project 70	12/31/68	12/31/68
2069	Project 71	12/31/69	12/31/69
2070	Project 72	12/31/70	12/31/70
2071	Project 73	12/31/71	12/31/71
2072	Project 74	12	

James P. 1958

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DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De53-611
Local File No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Constance Angela Kinney			2. Date of Birth June 11 1898		
	3. Color or Race White	4. Sex Female	5. Place of Birth Minidoka, Idaho	6. City or Town of Birth Minidoka, Idaho		
FATHER	6. Full Name of Father Edward Collins Kinney			7. State or Country of Father's Birth Ireland		
MOTHER	8. Full Maiden Name of Mother Catherine McGinnis Kinney			9. State or Country of Mother's Birth New York		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Constance A. Kinney</i>		11. Present Address of Registrant Box 1193, Wallace, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 10</i> 19 <i>53</i>			12. Signature of Notary <i>Alvin S. Ryan</i>		13. Notary Commission expires <i>2/4/57</i> 19 <i>57</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Certificate of Baptism		By whom issued and signed Church of St. Joseph, Pocatello, Idaho	Date issued Baptized July 28, 1898	Date Orig. Entry July 28, 1898
	Date of Birth June 11, 1898	Birth Place Minidoka, Idaho	Full Name of Mother Catherine McGinnis	Name of Father Edward Kinney	
SUPPORTING RECORD 2.	Type of Document School Record		By whom issued and signed School District #25 Pocatello, Idaho	Date issued Feb. 5, 1953	Date Orig. Entry Feb. 5, 1953
	Date of Birth June 11, 1898	Birth Place Minidoka, Idaho	Full Name of Mother Mr. & Mrs E. C. Kinney	Name of Father E. C. Kinney	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by <i>Malcolm H. Benson</i>	Date Filed June 15, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 681
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth POWERS, Ida Jane			2. Date of Birth (month) (day) (year) November 10 1898		
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Canyon	b. City or Town of Birth Parma		
FATHER	6. Full Name of Father Francis Asbury Powers			7. State or Country of Father's Birth Yoncalla, Oregon		
MOTHER	8. Full Maiden Name of Mother Mary Cordelia Hickman			9. State or Country of Mother's Birth Ozark Co., Missouri		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Ida Jane Powers</i> x <i>Mary Cordelia Hickman</i>		
NOTARY (Seal)	Subscribed and sworn to before me on 7-11 1953			12. Signature of Notary <i>Nell Elson</i>		13. Notary Commission expires 3-25 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Bible record of family births		By whom issued and signed	Date issued	Date Orig. Entry Nov. 10, 1898
	Date of Birth Nov. 10, 1898	Birth Place	Full Name of Mother	Name of Father	
Class* <u>A</u>					
SUPPORTING RECORD 2-	Type of Document Affidavit by Mother		By whom issued and signed Mary Cordelia Hickman Powers	Date issued July 11, 1953	Date Orig. Entry
	Date of Birth Nov. 10, 1898	Birth Place Parma, Idaho	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class _____					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton	Date Filed July 11, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

154-214-025-652 DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 693
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Irene May Anderson</u>				2. Date (month) (day) (year) Of Birth <u>May</u> <u>14</u> <u>1898</u>			
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Idaho</u>	b. City or Town of Birth <u>Elk City</u>			
FATHER	6. Full Name of Father <u>John Morton Anderson</u>				7. State or Country of Father's Birth <u>Massachusetts</u>			
MOTHER	8. Full Maiden Name of Mother <u>Anna Marie Weber</u>				9. State or Country of Mother's Birth <u>Canada</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Irene Anderson Cochran</i>		11. Present Address of Registrant <u>P.O. Box 627; Dinuba, California</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 19th</u> <u>19</u> <u>51</u>				12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires <u>November 20, 19</u> <u>51</u>	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document <u>Dinuba Joint Union High School</u>		By whom issued and signed <u>Edward D. Morgan, Dist. Supt.</u>		Date Issued <u>8/30/51</u>	Date Orig. Entry <u>1914 - 1917</u>
	School record		Full Name of Mother <u>Anna Weber</u>		Name of Father <u>John M. Anderson</u>	
Class* <u>B</u>	Date of Birth <u>May 14, 1898</u>	Birth Place <u>Elk City, Idaho</u>				
SUPPORTING RECORD 2-	Type of Document <u>Marriage License</u>		By whom issued and signed <u>County of Tulare, California</u> <u>George R. Prestige, County Clerk</u>		Date issued <u>June 21, 1920</u>	Date Orig. Entry <u></u>
	Date of Birth <u>22 yrs old</u>		Full Name of Mother <u>Idaho</u>		Name of Father <u></u>	
Class <u>B</u>						
SUPPORTING RECORD 3-	Type of Document <u>Affidavit by Mother</u>		By whom issued and signed <u>Anna M. Anderson</u>		Date issued <u>June 19, 1951</u>	Date Orig. Entry <u></u>
	Date of Birth <u>May 14, 1898</u>		Full Name of Mother <u>Anna M. Anderson</u>		Name of Father <u>John Morton Anderson</u>	
Class <u>B</u>	Birth Place <u>Elk City, Idaho</u>					

QUALIFYING INFORMATION
Class B. Affidavit by Eli J. Weber, 75 years of age and an uncle to Irene May Anderson, stating that Irene May Anderson was born on May 14, 1898 at Elks City, Idaho, to Anna M. Anderson and John Morton Anderson.

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>July 14, 1953</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO

Local No. _____
Reg. Dist. No. _____

5. Date (month) _____ day _____
Birth _____

6. City or town of birth _____

7. State or County of Father's birth _____

8. State or County of Mother's birth _____

11. Present Name of Registrant _____

12. Naturalization expires _____

November 30, 1911

Date issued _____

1911 - 1911

Date issued _____

1911 - 1911

Date issued _____

1911 - 1911

Date issued _____

1911 - 1911

Date issued _____

1911 - 1911

Date issued _____

1911 - 1911

JUL 15 1911

JUL 15 1911



275-223-014-699
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 723
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Pauline Louise Specht				2. Date of Birth (month) (day) (year) March 23 1898	
	3. Color or Race white	4. Sex F	5. Place of Birth Rural- Notus Canyon		b. City or Town of Birth Notus	
FATHER	6. Full Name of Father Fred Christian Specht				7. State or Country of Father's Birth Weinsberg, Wurttemberg, Germany	
MOTHER	8. Full Maiden Name of Mother Marie Wirth				9. State or Country of Mother's Birth Walbach, Wurttemberg, Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Pauline Louise Specht</i>		11. Present Address of Registrant 1110 Ash St. Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 24, 1953			12. Signature of Notary <i>Wm Dille</i>		13. Notary Commission expires Nov. 20 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Bible record of family births		By whom issued and signed Original Bible also examined by F. M. Dille, Notary Public	Date issued 7/24/53	Date Orig. Entry March 23, 1898
	Date of Birth Mar. 23, 1898	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-	Type of Document Affidavit by Mother		By whom issued and signed Marie Specht	Date issued 7/24/53	Date Orig. Entry
	Date of Birth Mar. 23, 1898	Birth Place Notus, Idaho	Full Name of Mother Marie Specht	Name of Father	
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton	Date Filed* July 28, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAID CERTIFICATE OF BIRTH

STATE OF TEXAS

Department of Public Health
Division of Vital Statistics
Austin, Texas

Local Reg. No. _____
Date Filed, No. _____

<p>1. Registered a Full Name of Birth PAUL J. BROWN</p>		<p>2. Date of Birth July 2, 1953</p>		<p>3. Place of Birth Waco, Texas</p>		<p>4. Sex Male</p>	
<p>5. Color of Skin White</p>		<p>6. Height 5' 10"</p>		<p>7. Weight 150 lbs</p>		<p>8. Eyes Blue</p>	
<p>9. Hair Dark Brown</p>		<p>10. Occupation Student</p>		<p>11. Address of Father 1234 Main St., Waco, Texas</p>		<p>12. Address of Mother 1234 Main St., Waco, Texas</p>	
<p>13. Address of Child 1234 Main St., Waco, Texas</p>		<p>14. Signature of Father <i>[Signature]</i></p>		<p>15. Signature of Mother <i>[Signature]</i></p>		<p>16. Signature of Child <i>[Signature]</i></p>	



<p>17. Date of Birth July 2, 1953</p>		<p>18. Place of Birth Waco, Texas</p>		<p>19. Sex Male</p>		<p>20. Color of Skin White</p>	
<p>21. Height 5' 10"</p>		<p>22. Weight 150 lbs</p>		<p>23. Eyes Blue</p>		<p>24. Hair Dark Brown</p>	
<p>25. Address of Father 1234 Main St., Waco, Texas</p>		<p>26. Address of Mother 1234 Main St., Waco, Texas</p>		<p>27. Address of Child 1234 Main St., Waco, Texas</p>		<p>28. Signature of Father <i>[Signature]</i></p>	
<p>29. Signature of Mother <i>[Signature]</i></p>		<p>30. Signature of Child <i>[Signature]</i></p>		<p>31. Date of Birth July 2, 1953</p>		<p>32. Place of Birth Waco, Texas</p>	



<p>33. Date of Birth July 2, 1953</p>		<p>34. Place of Birth Waco, Texas</p>		<p>35. Sex Male</p>		<p>36. Color of Skin White</p>	
<p>37. Height 5' 10"</p>		<p>38. Weight 150 lbs</p>		<p>39. Eyes Blue</p>		<p>40. Hair Dark Brown</p>	
<p>41. Address of Father 1234 Main St., Waco, Texas</p>		<p>42. Address of Mother 1234 Main St., Waco, Texas</p>		<p>43. Address of Child 1234 Main St., Waco, Texas</p>		<p>44. Signature of Father <i>[Signature]</i></p>	
<p>45. Signature of Mother <i>[Signature]</i></p>		<p>46. Signature of Child <i>[Signature]</i></p>		<p>47. Date of Birth July 2, 1953</p>		<p>48. Place of Birth Waco, Texas</p>	

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Da53-832
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth GRACE HARFORD				2. Date (month) (day) (year) Of Birth September 6 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho	a. County Lewis County	b. City or Town of Birth Near Westlake	
FATHER	6. Full Name of Father Harry Harford				7. State or Country of Father's Birth California	
MOTHER	8. Full Maiden Name of Mother Mary Louise Rice				9. State or Country of Mother's Birth New York	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Grace Harford Blandford</i>		11. Present Address of Registrant 120 Tyler Street Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 30 1953			12. Signature of Notary <i>Edward L Benson</i>		13. Notary Commission expires JUNE 1 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census		Date issued Census of 1920
	Date of Birth 21 yrs old	Birth Place Idaho	Full Name of Mother Mary Louise and		Name of Father Harry Harford
SUPPORTING RECORD 2-	Type of Document Affidavit		By whom issued and signed Florence M. Rice		Date issued Aug. 13, 1953
	Date of Birth Sept. 6, 1898, Westlake, Idaho	Birth Place Idaho	Full Name of Mother Mary Louise Harford		Name of Father Harry Harford
SUPPORTING RECORD 3-	Type of Document Affidavit		By whom issued and signed Maud Craig		Date issued Aug. 26, 1953
	Date of Birth Sept. 6, 1898, Westlake, Idaho	Birth Place Idaho	Full Name of Mother Mary Louise Harford		Name of Father Harry Harford
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			State Registrar W. W. Benson		Evidence reviewed by <i>Mabel E. Leeper</i>
					Date Filed Aug. 31, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

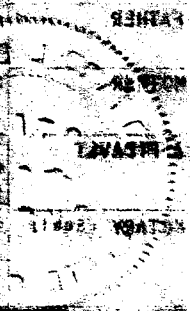
STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

Division of Vital Statistics
 Boise, Idaho

State File No. 100-111
 Local Reg. No.
 Reg. Dist. No.

1. Name of Person at Birth Henry Louie Hartford	2. Date of Birth September 6, 1898	3. Place of Birth Boise, Idaho	4. Name of Father Henry Hartford	5. Name of Mother Marie Louie Hartford
6. Sex Male	7. Race White	8. Color of Skin White	9. Education None	10. Occupation None
11. Present Address of Registrant 120 Taylor Street Boise, Idaho				
12. Social Commission Expires June 1, 1922				

1 SEP 1918



1. Name of Person at Birth Henry Louie Hartford	2. Date of Birth September 6, 1898	3. Place of Birth Boise, Idaho	4. Name of Father Henry Hartford	5. Name of Mother Marie Louie Hartford
6. Sex Male	7. Race White	8. Color of Skin White	9. Education None	10. Occupation None
11. Present Address of Registrant 120 Taylor Street Boise, Idaho				
12. Social Commission Expires June 1, 1922				

RECEIVED

1. Name of Person at Birth Henry Louie Hartford	2. Date of Birth September 6, 1898	3. Place of Birth Boise, Idaho	4. Name of Father Henry Hartford	5. Name of Mother Marie Louie Hartford
6. Sex Male	7. Race White	8. Color of Skin White	9. Education None	10. Occupation None
11. Present Address of Registrant 120 Taylor Street Boise, Idaho				
12. Social Commission Expires June 1, 1922				



J. W. Hancock

Aug. 31, 1918

STATE OF IDAHO
RECEIVED

State File No. De53 995
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth KATIE VIOLET GREEAR			2. Date (month) (day) (year) Of Birth September 6 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho	6. City or Town of Birth Troy	
FATHER	6. Full Name of Father David Greear			7. State or Country of Father's Birth Illinois	
MOTHER	8. Full Maiden Name of Mother Mary Bernardini			9. State or Country of Mother's Birth Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Katie Greear Holmes</i>	
NOTARY (Seal)	Subscribed and sworn to before me on October 27 1953			11. Present Address of Registrant 4018 E. 4th Ave., Spokane	
				12. Signature of Notary <i>Hart Snyder</i>	
				13. Notary Commission expires Sept. 17 1954	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document School enrollment record		By whom issued and signed Nell P. LaFollette, Co. Supt.		Date issued 6/25/53
	Date of Birth 16 yrs old	Birth Place Idaho	Full Name of Mother		Date Orig. Entry School Census of 1915
SUPPORTING RECORD 2.	Type of Document Certificate of Marriage		By whom issued and signed Frank J. Glover, Auditor,		Date issued 7/6/53
	Date of Birth 22 yrs old	Birth Place Idaho	Full Name of Mother		Date Orig. Entry Marriage on Nov. 22, 1920
SUPPORTING RECORD 3.	Type of Document Affidavit by older brother		By whom issued and signed James Phillip Greear		Date issued 10/20/53
	Date of Birth Sept. 6, 1898	Birth Place Troy, Idaho	Full Name of Mother		Date Orig. Entry

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed Oct. 29, 1953
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*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

NOV 3 1953

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 1005
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Polly JANIS MARTINDALE</u>				2. Date (month) (day) (year) Of Birth <u>APRIL 20 1898</u>			
	3. Color or Race <u>WHITE</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>CASSIA</u>	a. County	b. City or Town of Birth <u>OAKLEY</u>			
FATHER	6. Full Name of Father <u>ALONZO PRATT MARTINDALE</u>				7. State or Country of Father's Birth <u>Grantville Utah</u>			
MOTHER	8. Full Maiden Name of Mother <u>MARY ELIZABETH MCINTOSH</u>				9. State or Country of Mother's Birth <u>Grantville Utah</u>			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Polly Janis Stanger Oakley Ida</u>			
NOTARY (Seal)	Subscribed and sworn to before me on <u>Oct 12 1953</u>				11. Present Address of Registrant <u>Stanger Oakley Ida</u>			
	12. Signature of Notary <u>Earl Whiteley</u>				13. Notary Commission expires <u>April 12 1956</u>			

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>L. D. S. CHURCH</u>		Date issued <u>10/14/53</u>	Date Orig. Entry Blessed on <u>June 5, 1898</u>	
	Date of Birth <u>April 20, 1898</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother <u>Mary E. McIntosh</u>		Name of Father <u>Alonzo P. Martindale</u>		
SUPPORTING RECORD 2	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. CHURCH</u>		Date issued <u>10/14/53</u>	Date Orig. Entry Baptized on <u>Sept. 1, 1906</u>	
	Date of Birth <u>April 20, 1898</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother <u>Mary E. McIntosh</u>		Name of Father <u>Alonzo P. Martindale</u>		
SUPPORTING RECORD 3	Type of Document <u>Letter re Insurance Policy No. 382-03-20</u>		By whom issued and signed <u>The Mutual Life Ins. Co. of New York, J.F. Ritter, for George A. Cole, Dir.</u>		Date issued <u>10/21/53</u>	Date Orig. Entry Policy issued <u>1927</u>	
	Date of Birth <u>April 20, 1898</u>	Birth Place <u>Oakley, Idaho</u>	Full Name of Mother <u>A. Cole, Dir.</u>		Name of Father		

QUALIFYING INFORMATION	Class B. Also an affidavit from <u>L. J. Robinson, Jr.</u> Underwriter for Mutual Life Ins. Co. who wrote application, birthdate as <u>April 20, 1898</u> , Born at <u>Oakley, Idaho</u>		
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Edna Hamilton</u>	Date Filed <u>Nov. 3, 1953</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

4-17-02

[illegible]

and said I would not return until I was permitted to see the President as said by me.

[illegible]

2000-1-2
 8/1/01
 2000-1-2
 8/1/01
 2000-1-2
 8/1/01

SECRET, A GROUP 13-11-11 13-11-11 13-11-11

Feb. 27 1894

12. Present address of Registrant

State of Maryland
County of Prince George's
I, the undersigned, Clerk of the Court, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court.

1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809

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592-220-029-663
DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De53-1111
Local Reg. No. _____
Reg. Dist. No. _____

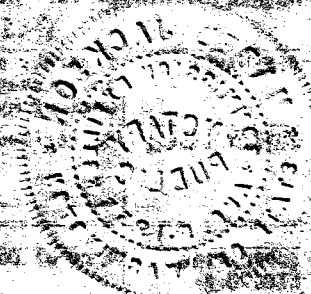
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Viola Victoria Visby			2. Date (month) (day) (year) May 20 1898	
	3. Color or Race white	4. Sex Fe	5. Place of Birth a. County Latah County	b. City or Town of Birth near Genesee, Idaho	
FATHER	6. Full Name of Father Nels Visby			7. State or Country of Father's Birth Denmark,	
MOTHER	8. Full Maiden Name of Mother Oline Wold (Oline)			9. State or Country of Mother's Birth Norway,	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Viola Victoria Rosenstain</i>	
NOTARY (Seal)	Subscribed and sworn to before me on Nov. 28 1953			11. Present Address of Registrant 3924 No. Washington Spokane, Washington	
	12. Signature of Notary <i>Mabel Jackson</i>			13. Notary Commission expires Aug 5 1955	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Certificate of Baptism		By whom issued and signed D. J. Westheim, Pastor	Date issued	Date Orig. Entry June 12, 1898
	Date of Birth May 20, 1898,	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Affidavit		By whom issued and signed May Lande	Date issued Nov. 7, 1953	Date Orig. Entry
	Date of Birth May 20, 1898,	Birth Place near Genesee, Idaho	Full Name of Mother Oline Wold	Name of Father Nels Visby	
SUPPORTING RECORD 3.	Type of Document Affidavit		By whom issued and signed Nels Lande	Date issued Nov. 7, 1953	Date Orig. Entry
	Date of Birth May 20, 1898,	Birth Place near Genesee, Idaho	Full Name of Mother Oline Wold	Name of Father Nels Visby	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Mabel Jackson</i>	Date Filed Dec. 12, 1953	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEC 11 1953



RECEIVED
FBI



238-201-007-592

Department of Public Health
Division of Vital Statistics
Boise, IdahoRECEIVED DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHOState File No. De53 1134

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Hilda Camilla Schmidt			2. Date (month) (day) (year) Of Birth March 1, 1898	
	3. Color or Race white	4. Sex female	5. Place of Birth Blaine	b. City or Town of Birth Hailey	
FATHER	6. Full Name of Father John Schmidt			7. State or Country of Father's Birth Germany	
MOTHER	8. Full Maiden Name of Mother Christina M. Nissen			9. State or Country of Mother's Birth Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Hilda Camilla Schmidt</i>	11. Present Address of Registrant Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on December 3 1953			12. Signature of Notary <i>Sherman J. Bulwood</i>	13. Notary Commission expires 8-10 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Application for Membership		Royal Neighbors of America	Apr. 9, 1925	
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	Mar. 1, 1898	Hailey, Idaho			
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	School Census Record		Minidoka County Schools, Lee W. Merrill, Clerk	12/3/53	Sept. 1913
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	Mar. 1, 1898				
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Affidavit by 18		Joseph W. Fuld	Dec. 11th, 1953	
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	Mar. 1, 1898	Blaine Co.	Christina Schmidt	John Schmidt	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton	Date Filed Dec. 1, 1898	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRATION		FATHER'S		MOTHER'S		BIRTH		MARRIAGE		DEATH	
1. Name of Registrant	2. Sex	3. Date of Birth	4. Place of Birth	5. Name of Father	6. Name of Mother	7. Date of Marriage	8. Place of Marriage	9. Date of Death	10. Place of Death	11. Name of Registrar	12. Date of Registration
13. Name of Registrant	14. Sex	15. Date of Birth	16. Place of Birth	17. Name of Father	18. Name of Mother	19. Date of Marriage	20. Place of Marriage	21. Date of Death	22. Place of Death	23. Name of Registrar	24. Date of Registration
25. Name of Registrant	26. Sex	27. Date of Birth	28. Place of Birth	29. Name of Father	30. Name of Mother	31. Date of Marriage	32. Place of Marriage	33. Date of Death	34. Place of Death	35. Name of Registrar	36. Date of Registration
37. Name of Registrant	38. Sex	39. Date of Birth	40. Place of Birth	41. Name of Father	42. Name of Mother	43. Date of Marriage	44. Place of Marriage	45. Date of Death	46. Place of Death	47. Name of Registrar	48. Date of Registration
49. Name of Registrant	50. Sex	51. Date of Birth	52. Place of Birth	53. Name of Father	54. Name of Mother	55. Date of Marriage	56. Place of Marriage	57. Date of Death	58. Place of Death	59. Name of Registrar	60. Date of Registration
61. Name of Registrant	62. Sex	63. Date of Birth	64. Place of Birth	65. Name of Father	66. Name of Mother	67. Date of Marriage	68. Place of Marriage	69. Date of Death	70. Place of Death	71. Name of Registrar	72. Date of Registration
73. Name of Registrant	74. Sex	75. Date of Birth	76. Place of Birth	77. Name of Father	78. Name of Mother	79. Date of Marriage	80. Place of Marriage	81. Date of Death	82. Place of Death	83. Name of Registrar	84. Date of Registration
85. Name of Registrant	86. Sex	87. Date of Birth	88. Place of Birth	89. Name of Father	90. Name of Mother	91. Date of Marriage	92. Place of Marriage	93. Date of Death	94. Place of Death	95. Name of Registrar	96. Date of Registration
97. Name of Registrant	98. Sex	99. Date of Birth	100. Place of Birth	101. Name of Father	102. Name of Mother	103. Date of Marriage	104. Place of Marriage	105. Date of Death	106. Place of Death	107. Name of Registrar	108. Date of Registration

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. 25149
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Lita B. GRANT</u>				2. Date (month) (day) (year) Of Birth <u>FEB.</u> <u>18</u> <u>1898</u>	
	3. Color or Race <u>WHITE</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Shoshone</u>	b. City or Town of Birth <u>WARDNER</u>	
FATHER	6. Full Name of Father <u>CHARLES ULYSSES GRANT</u>				7. State or Country of Father's Birth <u>MISSOURI</u>	
MOTHER	8. Full Maiden Name of Mother <u>LULA BETTY DUNCAN</u>				9. State or Country of Mother's Birth <u>Missouri</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Lita L. McCurry</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 7 1954</u>				11. Present Address of Registrant <u>1508 No. 11th St. BOISE, Idaho</u>	
					12. Signature of Notary <u>Robert Keelen</u>	
					13. Notary Commission expires <u>1908 No. 11th St. August 1 1955</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

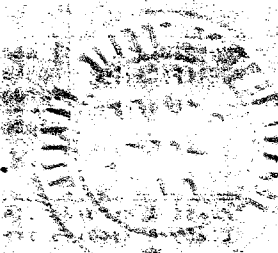
SUPPORTING RECORD 1.	Type of Document Affidavit		By whom issued and signed Lula B. Grant, mother		Date issued 11/12/53	Date Orig. Entry
	Date of Birth 2/18/1898	Birth Place Wardner, Idaho	Full Name of Mother Lula Betty Duncan		Name of Father Charles Ulysses Grant	
SUPPORTING RECORD 2.	Type of Document Life Insurance Policy		By whom issued and signed Metropolitan Life Insurance Co.		Date issued 11/10/53	Date Orig. Entry 8/1/30
	Date of Birth Age next birthday at time application was written - 33	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Affidavit		By whom issued and signed Leona C. Webb, aunt		Date issued 1/18/54	Date Orig. Entry
	Date of Birth 2/19/1898	Birth Place Wardner, Idaho	Full Name of Mother Lula Betty Duncan		Name of Father Charles Ulysses Grant	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Opal Peterson			Date Filed Jan. 25, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 16 1954



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FEB 17 1954 STATE OF IDAHO

State File No. De54 132

Local Reg. No. _____

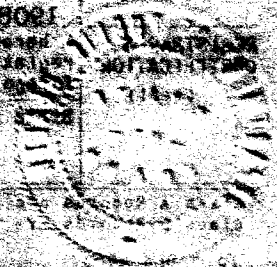
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Ora May Linville				2. Date (month) (day) (year) May 27 1898		
	3. Color or Race White	4. Sex Female	5. Place of Birth Idaho	a. County Boise	b. City or Town of Birth Idaho City		
FATHER	6. Full Name of Father Umphry Pose Linville				7. State or Country of Father's Birth Missouri Lafayette County		
MOTHER	8. Full Maiden Name of Mother Ora Minnie Martin				9. State or Country of Mother's Birth Idaho Ada County		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mae Meghan</i>		11. Present Address of Registrant 2215 Wall St. Butte, Montana
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 15, 1954				12. Signature of Notary <i>Janet Cassidy</i>		13. Notary Commission expires Aug. 22, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1	Type of Document Bible record of births		By whom issued and signed		Date issued	Date Orig. Entry May 27, 1898	
	Date of Birth May 27, 1898	Birth Place	Full Name of Mother		Name of Father		
SUPPORTING RECORD 2	Type of Document Census Record		By whom issued and signed Bureau of the Census		Date issued 12/17/52	Date Orig. Entry Census of June 1, 1900	
	Date of Birth 2 yrs old May 1898	Birth Place Idaho	Full Name of Mother Ora M. Linville		Name of Father Humphrey P. Linville		
SUPPORTING RECORD 3	Type of Document School Record		By whom issued and signed Idaho City Districty, by Florence Adams, Co. Supt.		Date issued 10/22/52 Sept	Date Orig. Entry School term of Sept. 1904- 1905	
	Date of Birth 6 yrs old	Birth Place	Full Name of Mother		Name of Father		
QUALIFYING INFORMATION	CLASS B. School record, Boise Public Schools, by Zed L. Foy, Supt., school year of 1908 - 1909, age 10 years.						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton			Date Filed Feb. 17, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

CLASS A		CLASS B		CLASS C		CLASS D		CLASS E		CLASS F		CLASS G		CLASS H		CLASS I		CLASS J		CLASS K		CLASS L		CLASS M		CLASS N		CLASS O		CLASS P		CLASS Q		CLASS R		CLASS S		CLASS T		CLASS U		CLASS V		CLASS W		CLASS X		CLASS Y		CLASS Z																																																																																																																																																					
1. Name of child		2. Sex		3. Date of birth		4. Place of birth		5. Name of mother		6. Name of father		7. Date of issue		8. Date of expiration		9. Name of registrar		10. Signature of registrar		11. Signature of mother		12. Signature of father		13. Name of registrar		14. Signature of registrar		15. Signature of mother		16. Signature of father		17. Name of registrar		18. Signature of registrar		19. Signature of mother		20. Signature of father		21. Name of registrar		22. Signature of registrar		23. Signature of mother		24. Signature of father		25. Name of registrar		26. Signature of registrar		27. Signature of mother		28. Signature of father		29. Name of registrar		30. Signature of registrar		31. Signature of mother		32. Signature of father		33. Name of registrar		34. Signature of registrar		35. Signature of mother		36. Signature of father		37. Name of registrar		38. Signature of registrar		39. Signature of mother		40. Signature of father		41. Name of registrar		42. Signature of registrar		43. Signature of mother		44. Signature of father		45. Name of registrar		46. Signature of registrar		47. Signature of mother		48. Signature of father		49. Name of registrar		50. Signature of registrar		51. Signature of mother		52. Signature of father		53. Name of registrar		54. Signature of registrar		55. Signature of mother		56. Signature of father		57. Name of registrar		58. Signature of registrar		59. Signature of mother		60. Signature of father		61. Name of registrar		62. Signature of registrar		63. Signature of mother		64. Signature of father		65. Name of registrar		66. Signature of registrar		67. Signature of mother		68. Signature of father		69. Name of registrar		70. Signature of registrar		71. Signature of mother		72. Signature of father		73. Name of registrar		74. Signature of registrar		75. Signature of mother		76. Signature of father		77. Name of registrar		78. Signature of registrar		79. Signature of mother		80. Signature of father		81. Name of registrar		82. Signature of registrar		83. Signature of mother		84. Signature of father		85. Name of registrar		86. Signature of registrar		87. Signature of mother		88. Signature of father		89. Name of registrar		90. Signature of registrar		91. Signature of mother		92. Signature of father		93. Name of registrar		94. Signature of registrar		95. Signature of mother		96. Signature of father		97. Name of registrar		98. Signature of registrar		99. Signature of mother		100. Signature of father	



Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Evelyn T. Jones</u>				2. Date of Birth (month) (day) (year) <u>May 18th 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>Fe</u>	5. Place of Birth <u>Oneida</u>		b. City or Town of Birth <u>Malad City, Idaho</u>	
FATHER	6. Full Name of Father <u>Barney P. Jones</u>				7. State or Country of Father's Birth <u>Logan, Utah U.S. A.</u>	
MOTHER	8. Full Maiden Name of Mother <u>Sarah Cordelia Thomas</u>				9. State or Country of Mother's Birth <u>Malad City, Idaho U.S.A.</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Evelyn T. Jones</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 6 1954</u>				11. Present Address of Registrant <u>Malad City, Idaho 292 North 300 West</u> 12. Signature of Notary <u>John H. McAllister</u> 13. Notary Commission expires <u>Jan. 10 1955</u>	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>B</u>	Type of Document <u>Certificate of Baptism</u>	By whom issued and signed <u>L. D. S. Church</u>	Date issued <u>Baptized</u>	Date Orig. Entry <u>1-21-49</u>
	Date of Birth <u>May 18, 1898</u>	Birth Place <u>Malad, Idaho</u>	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <u>Insurance Policy</u>	By whom issued and signed <u>Northwest Mutual Life Insurance Co.</u>	Date issued <u>May 18, 1936</u>	Date Orig. Entry
	Date of Birth <u>May 18, 1898</u>	Birth Place <u>Malad, Idaho</u>	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <u>Affidavit by father</u>	By whom issued and signed <u>Barney P. Jones</u>	Date issued <u>Apr. 6, 1954</u>	Date Orig. Entry
	Date of Birth <u>May 18, 1898</u>	Birth Place <u>Malad, Idaho</u>	Full Name of Mother	Name of Father <u>Barney P. Jones</u>
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Mabel Peden</u>	Date Filed <u>Apr. 14, 1954</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 29 1954

STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>James Dewey Adams</i>					2. Date (month) (day) (year) <i>August 11 1898</i>		
	3. Color or Race <i>white</i>	4. Sex <i>male</i>	5. Place of Birth <i>Caldwell Idaho Canyon</i>		6. City or Town of Birth <i>Caldwell</i>			
FATHER	6. Full Name of Father <i>Gustavus Adolphus Adams</i>					7. State or Country of Father's Birth <i>Norway</i>		
MOTHER	8. Full Maiden Name of Mother <i>Edith Kelly</i>					9. State or Country of Mother's Birth <i>Indiana</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>James Dewey Adams</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 11, 1954</i>					11. Present Address of Registrant <i>Culbertson Neb.</i>		
						12. Signature of Notary <i>Jack H. Lorh</i>		
						13. Notary Commission expires <i>Jan 21, 1957</i>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>School Record</i>		By whom issued and signed <i>State of Nebraska County of Webster</i>		Date Issued <i>census of</i>	Date Orig. Entry <i>1914</i>
	Date of Birth <i>Aug. 11, 1898</i>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <i>Affidavit by Edith Adams</i>		By whom issued and signed <i>mother</i>		Date issued <i>3-11-54</i>	Date Orig. Entry
	Date of Birth <i>Aug. 11, 1898, Caldwell, Idaho</i>	Birth Place	Full Name of Mother <i>Edith Kelly</i>		Name of Father <i>Gustavus A. Admas</i>	
SUPPORTING RECORD 3.	Type of Document <i>School Record</i>		By whom issued and signed <i>University of Nebraska Lincoln, Nebraska</i>		Date issued <i>entered</i>	Date Orig. Entry <i>Sept. 19, 1918</i>
	Date of Birth <i>Aug. 11, 1898, Caldwell, Idaho</i>	Birth Place	Full Name of Mother		Name of Father <i>G. A. Admas</i>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Mary E. Fredson</i>			Date Filed <i>Apr. 29, 1954</i>

*Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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1. The following information was obtained from the Division of Vital Statistics for the year 1964:

Year	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411
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DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De54-365
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Sophia Isadora Garrecht.</i>					2. Date (month) (day) (year) Of Birth <i>Oct 4 1898</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Idaho City, Ida.</i>		a. County <i>Boise</i>	b. City or Town of Birth <i>Idaho City, Idaho.</i>		
FATHER	6. Full Name of Father <i>Louis Garrecht.</i>					7. State or Country of Father's Birth <i>Idaho, Idaho City.</i>		
MOTHER	8. Full Maiden Name of Mother <i>Julia Foster.</i>					9. State or Country of Mother's Birth <i>Idaho, Boise City.</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Sophia Garrecht M. Phee</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 4</u> 19 <u>54</u>					11. Present Address of Registrant <i>Star, Idaho</i>		
						12. Signature of Notary <i>Wern Thomas, Clerk of Dist. Court</i> by <i>Suzanne Campbell</i> Deputy		
13. Notary Commission expires _____ 19 _____								

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Certificate of Baptism		By whom issued and signed J. B. Funsten, Bishop, Episcopal Ch.		Date issued 11/12/1906	Date Orig. Entry 11/12/1906
	Date of Birth 10/4/1898	Birth Place Idaho City	Full Name of Mother Julia Garrecht		Name of Father Louis Garrecht	
SUPPORTING RECORD 2-	Type of Document Affidavit		By whom issued and signed Louis W. Mann, Cousin		Date issued 5/4/1954	Date Orig. Entry
	Date of Birth 10/4/1898	Birth Place Idaho City	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document Affidavit		By whom issued and signed Ida F. Garrecht, Aunt		Date issued 5/4/1954	Date Orig. Entry
	Date of Birth 10/4/1898	Birth Place Idaho City	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Opal Peterson			Date Filed May 4, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

OCT 6 1960

DELETED CERTIFICATE OF BIRTH

[Handwritten notes and signatures in the top section of the form, including names like "John Doe" and "Jane Smith".]

1	Full name of mother	Full name of father	Date of birth	Place of birth
2	Full name of mother	Full name of father	Date of birth	Place of birth
3	Full name of mother	Full name of father	Date of birth	Place of birth
4	Full name of mother	Full name of father	Date of birth	Place of birth
5	Full name of mother	Full name of father	Date of birth	Place of birth

[Handwritten notes and signatures in the bottom section of the form, including a large circular stamp on the right side.]

Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Margaret (Wilhelmina) Thomas				2. Date (month) (day) (year) Of Birth Jan. 4 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth Hailey	a. County Blaine	b. City or Town of Birth Hailey, Idaho	
FATHER	6. Full Name of Father William John Thomas				7. State or Country of Father's Birth Nova Scotia	
MOTHER	8. Full Maiden Name of Mother Margarethe Rosalie Mavius				9. State or Country of Mother's Birth Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Margaret H. Heiskell	
NOTARY (Seal)	Subscribed and sworn to before me on May 8 1954				11. Present Address of Registrant 1025 Beverly Drive P.O. Box 717, Tulare, Cal/ 12. Signature of Notary My Commission Expires April 15, 1956	
					13. Notary Commission expires	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Newspaper Notice		By whom issued and signed Hailey Times		Date issued 1-6-1898	Date Orig. Entry
	Date of Birth Jan. 4, 1898	Birth Place Hailey, Idaho	Full Name of Mother Mrs. and		Name of Father Mr. William Thomas	
SUPPORTING RECORD 2.	Type of Document Insurance Policy		By whom issued and signed New York Life Insurance Co.		Date issued 3-23-54	Date Orig. Entry
	Date of Birth Jan. 4, 1898	Birth Place Hailey, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Child's birth certificate		By whom issued and signed State of Calif. #28		Date issued Feb. 6, 1928	Date Orig. Entry
	Date of Birth 30 yrs old	Birth Place Idaho	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION	Also, Marriage License issued by the County of Kern, State of California gives the age as 25 yrs Dec. of 1923, birthplace, Idaho
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REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Mabel H. Fisher	Date Filed May 11, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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the 1990s, the number of people in the United States who are 65 years of age or older has increased by 50% (U.S. Census Bureau, 1997). The number of people aged 65 and older is projected to increase to 20% of the total population by the year 2020 (U.S. Census Bureau, 1997). The increase in the number of people aged 65 and older is expected to be even more dramatic in other countries. For example, the number of people aged 65 and older in Japan is projected to increase from 15% of the total population in 1990 to 25% of the total population by the year 2020 (U.S. Census Bureau, 1997). The increase in the number of people aged 65 and older is expected to be even more dramatic in other countries. For example, the number of people aged 65 and older in Japan is projected to increase from 15% of the total population in 1990 to 25% of the total population by the year 2020 (U.S. Census Bureau, 1997).

THE UNIVERSITY OF CHICAGO

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THE UNIVERSITY OF CHICAGO

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-431
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Ethel Goldie Moore			2. Date (month) (day) (year) Of October 13, 1898 Birth	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bingham	b. City or Town of Birth Blackfoot, Idaho	
FATHER	6. Full Name of Father William Arthur Moore			7. State or Country of Father's Birth Allerton, Iowa	
MOTHER	8. Full Maiden Name of Mother Minnie Lea Hunt			9. State or Country of Mother's Birth Blair, Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Mrs. Ethel G. Strom</i>	
NOTARY (Seal)	Subscribed and sworn to before me on May 25, 1954 19			11. Present Address of Registrant Route #5, Nampa, Idaho	
				12. Signature of Notary <i>John H. Hildner</i>	
				13. Notary Commission expires May 7, 1957 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1- Class <u>B</u>	Type of Document Family Genealogical History		By whom issued and signed Charles Cummins Hunt, Great Uncle	Date issued 1906	Date Orig. Entry 1906
	Date of Birth 10/13/1898	Birth Place Blackfoot, Idaho	Full Name of Mother Minnie Hunt	Name of Father William A. Moore	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Life Insurance Policy		By whom issued and signed Idaho Mutual Benefit Assn.	Date issued 4/25/1942	Date Orig. Entry
	Date of Birth 10/13/1898	Birth Place Blackfoot, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document Lehmann Family Tree		By whom issued and signed Frederick J. Lehmann, Cousin	Date issued 3/22/1950	Date Orig. Entry 1910
	Date of Birth 10/13/1898	Birth Place Blackfoot, Idaho	Full Name of Mother Minnie Lea Hunt	Name of Father William Arthur Moore	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Opal Peterson	Date Filed May 25, 1954	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELATED CERTIFICATE OF BIRTH

STATE OF IOWA

MAY 25 1934

1. Name of child Alfreda Marie	2. Sex Female	3. Date of birth October 13, 1933	4. Place of birth Alfreda, Iowa
5. Name of father Alfreda Marie	6. Name of mother Alfreda Marie	7. State or County of father's birth Alfreda, Iowa	8. State or County of mother's birth Alfreda, Iowa
9. Present address of registrant Alfreda Marie, Iowa	10. Signature of registrant Alfreda Marie	11. Signature of father Alfreda Marie	12. Signature of mother Alfreda Marie
13. Date of registration May 25, 1934	14. Registrar's name Alfreda Marie	15. Registrar's address Alfreda Marie, Iowa	16. Registrar's signature Alfreda Marie

1. Name of child Alfreda Marie	2. Sex Female	3. Date of birth October 13, 1933	4. Place of birth Alfreda, Iowa
5. Name of father Alfreda Marie	6. Name of mother Alfreda Marie	7. State or County of father's birth Alfreda, Iowa	8. State or County of mother's birth Alfreda, Iowa
9. Present address of registrant Alfreda Marie, Iowa	10. Signature of registrant Alfreda Marie	11. Signature of father Alfreda Marie	12. Signature of mother Alfreda Marie
13. Date of registration May 25, 1934	14. Registrar's name Alfreda Marie	15. Registrar's address Alfreda Marie, Iowa	16. Registrar's signature Alfreda Marie

1. Name of child Alfreda Marie	2. Sex Female	3. Date of birth October 13, 1933	4. Place of birth Alfreda, Iowa
5. Name of father Alfreda Marie	6. Name of mother Alfreda Marie	7. State or County of father's birth Alfreda, Iowa	8. State or County of mother's birth Alfreda, Iowa
9. Present address of registrant Alfreda Marie, Iowa	10. Signature of registrant Alfreda Marie	11. Signature of father Alfreda Marie	12. Signature of mother Alfreda Marie
13. Date of registration May 25, 1934	14. Registrar's name Alfreda Marie	15. Registrar's address Alfreda Marie, Iowa	16. Registrar's signature Alfreda Marie

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name <u>Erminnie Harris - Linford</u> (Adopted)				2. Date (month) (day) (year) Of Birth <u>April</u> <u>10</u> <u>1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>(Lewisville) Jefferson</u>		b. City or Town of Birth <u>Lewisville</u>	
FATHER	6. Full Name of Father <u>Joseph W. Linford, Jr.</u>				7. State or Country of Father's Birth <u>Bear Lake Co., Idaho</u>	
MOTHER	8. Full Maiden Name of Mother <u>Lois Esther Ricks</u>				9. State or Country of Mother's Birth <u>Bear Lake Co., Idaho</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Erminnie Harris Linford</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 13</u> 19 <u>54</u>				11. Present Address of Registrant <u>1460 South 3rd East</u> <u>Salt Lake City 4, Utah</u>	
	12. Signature of Notary <u>Wm. M. Cannon</u>				13. Notary Commission expires <u>July 13 - 1957</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>VB</u>	Type of Document <u>School Record, St. Anthony,</u>		By whom issued and signed <u>Idaho J. T. Humphries, Supt.</u>		Date issued	Date Orig. Entry <u>Year of 1910</u>
	Date of Birth <u>April 10, 1898</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <u>Certificate of Blessing</u>		By whom issued and signed <u>Hyrum G. Smith, Patriarch</u> <u>Church of Latter-Day Saints</u>		Date issued <u>June 11, 1917</u>	Date Orig. Entry
	Date of Birth <u>Apr. 10, 1898</u>	Birth Place <u>Lewisville, Idaho</u>	Full Name of Mother <u>Esther Lois Ricks</u>		Name of Father <u>Joseph William Linford</u>	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Baptized</u>	Date Orig. Entry <u>July 3, 1910</u>
	Date of Birth <u>Apr. 10, 1898</u>	Birth Place <u>Lewisville, Idaho</u>	Full Name of Mother <u>Esther Ricks</u>		Name of Father <u>Joseph W. Linford</u>	
QUALIFYING INFORMATION A certified copy of the Order of Adoption showing that <u>Erminnie Harris</u> was adopted by <u>Joseph W. Linford, Jr.</u> on <u>September 10, 1910</u> , in <u>Bear Lake County, Idaho</u> .						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Mabel Pfeiffer</u>			Date Filed <u>May 25, 1954</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 25 1910		MAY 25 1910	
<p>1. Name of child: <u>Joseph W. Linford</u></p> <p>2. Sex: <u>Male</u></p> <p>3. Date of birth: <u>April 10, 1898</u></p> <p>4. Place of birth: <u>Idaho</u></p> <p>5. Name of father: <u>Joseph W. Linford</u></p> <p>6. Name of mother: <u>Ida M. Linford</u></p> <p>7. Address of father: <u>Idaho</u></p> <p>8. Address of mother: <u>Idaho</u></p> <p>9. Name of physician: <u>Ida M. Linford</u></p> <p>10. Name of nurse: <u>Ida M. Linford</u></p> <p>11. Name of midwife: <u>Ida M. Linford</u></p> <p>12. Name of doctor: <u>Ida M. Linford</u></p> <p>13. Name of registrar: <u>Ida M. Linford</u></p> <p>14. Name of clerk: <u>Ida M. Linford</u></p> <p>15. Name of stenographer: <u>Ida M. Linford</u></p> <p>16. Name of typewriter: <u>Ida M. Linford</u></p> <p>17. Name of printer: <u>Ida M. Linford</u></p> <p>18. Name of binder: <u>Ida M. Linford</u></p> <p>19. Name of folder: <u>Ida M. Linford</u></p> <p>20. Name of envelope: <u>Ida M. Linford</u></p> <p>21. Name of box: <u>Ida M. Linford</u></p> <p>22. Name of cabinet: <u>Ida M. Linford</u></p> <p>23. Name of desk: <u>Ida M. Linford</u></p> <p>24. Name of chair: <u>Ida M. Linford</u></p> <p>25. Name of table: <u>Ida M. Linford</u></p> <p>26. Name of lamp: <u>Ida M. Linford</u></p> <p>27. Name of clock: <u>Ida M. Linford</u></p> <p>28. Name of mirror: <u>Ida M. Linford</u></p> <p>29. Name of picture: <u>Ida M. Linford</u></p> <p>30. Name of rug: <u>Ida M. Linford</u></p> <p>31. Name of curtain: <u>Ida M. Linford</u></p> <p>32. Name of carpet: <u>Ida M. Linford</u></p> <p>33. Name of wall paper: <u>Ida M. Linford</u></p> <p>34. Name of floor: <u>Ida M. Linford</u></p> <p>35. Name of ceiling: <u>Ida M. Linford</u></p> <p>36. Name of door: <u>Ida M. Linford</u></p> <p>37. Name of window: <u>Ida M. Linford</u></p> <p>38. Name of staircase: <u>Ida M. Linford</u></p> <p>39. Name of porch: <u>Ida M. Linford</u></p> <p>40. Name of garden: <u>Ida M. Linford</u></p> <p>41. Name of lawn: <u>Ida M. Linford</u></p> <p>42. 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Place of birth: <u>Idaho</u></p> <p>5. Name of father: <u>Joseph W. Linford</u></p> <p>6. Name of mother: <u>Ida M. Linford</u></p> <p>7. Address of father: <u>Idaho</u></p> <p>8. Address of mother: <u>Idaho</u></p> <p>9. Name of physician: <u>Ida M. Linford</u></p> <p>10. Name of nurse: <u>Ida M. Linford</u></p> <p>11. Name of midwife: <u>Ida M. Linford</u></p> <p>12. Name of doctor: <u>Ida M. Linford</u></p> <p>13. Name of registrar: <u>Ida M. Linford</u></p> <p>14. Name of clerk: <u>Ida M. Linford</u></p> <p>15. Name of stenographer: <u>Ida M. Linford</u></p> <p>16. Name of typewriter: <u>Ida M. Linford</u></p> <p>17. Name of printer: <u>Ida M. Linford</u></p> <p>18. Name of binder: <u>Ida M. Linford</u></p> <p>19. Name of folder: <u>Ida M. Linford</u></p> <p>20. Name of envelope: <u>Ida M. Linford</u></p> <p>21. Name of box: <u>Ida M. Linford</u></p> <p>22. Name of cabinet: <u>Ida M. Linford</u></p> <p>23. Name of desk: <u>Ida M. Linford</u></p> <p>24. Name of chair: <u>Ida M. 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Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Arnold Ray Harrington				2. Date (month) (day) (year) Of Birth Nov. 4 1898	
	3. Color or Race white	4. Sex male	5. Place of Birth a. County Council Precinct, Washington		b. City or Town of Birth Council	
FATHER	6. Full Name of Father Lewis Clark Harrington				7. State or Country of Father's Birth Kansas	
MOTHER	8. Full Maiden Name of Mother Sadie Elizabeth Holford				9. State or Country of Mother's Birth Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Arnold Ray Harrington</i>	
NOTARY (Seal)	Subscribed and sworn to before me on June 8th 19 54				11. Present Address of Registrant Chewelah, Wash.	
					12. Signature of Notary <i>Allice Salisberry</i>	
					13. Notary Commission expires May 6th, 19 57	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Census Record		By whom issued and signed Department of Commerce	Date issued census of 1900	Date Orig. Entry
	Date of Birth 1898	Birth Place 1 yr old Idaho	Bureau of the Census Full Name of Mother Sadie Harrington	Name of Father Lewis C. Harrington	
SUPPORTING RECORD 2-	Type of Document Insurance Policy		By whom issued and signed Mutual Life Insurance Co.	Date issued 3-26-1927	Date Orig. Entry
	Date of Birth Nov. 4, 1898	Birth Place Council, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3-	Type of Document Affidavit by father		By whom issued and signed Lewis Harrington	Date issued 3-12-54	Date Orig. Entry
	Date of Birth Nov. 4, 1898	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Marked E. Eder</i>		Date Filed 6-11-54

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth WILLIAM AFTON JENSEN			2. Date (month) (day) (year) Of Birth Sept. 19th 1898	
	3. Color or Race white	4. Sex male	5. Place of Birth Shelley	a. County Bingham	b. City or Town of Birth Shelley, Idaho
FATHER	6. Full Name of Father ANDREW JENSEN			7. State or Country of Father's Birth Moroni, Utah	
MOTHER	8. Full Maiden Name of Mother CLARA ANN ANDERSON			9. State or Country of Mother's Birth Ephriam, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>William Afton Jensen</i>	
NOTARY (Seal)	Subscribed and sworn to before me on June 11th 1954			11. Present Address of Registrant Route # 1 South Pocatello, Idaho	
				12. Signature of Notary <i>Gregory M. Hunt</i>	
				13. Notary Commission expires Feb. 19th 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Honorable Discharge		By whom issued and signed Army of the United States		Date Issued Enlisted April 4, 1917
	Date of Birth 18 yrs old	Birth Place Shelley, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 2-	Type of Document Insurance Policy		By whom issued and signed Brotherhood of R. R. Trainmen		Date Issued June 18, 1929
	Date of Birth Sept. 19, 1898	Birth Place	Full Name of Mother		Name of Father
SUPPORTING RECORD 3-	Type of Document Affidavit by mother		By whom issued and signed Clara Robbins		Date Issued June 11, 1954
	Date of Birth Sept. 19, 1898	Birth Place Shelley, Idaho	Full Name of Mother Clara Ann Anderson		Name of Father Andrew Jensen
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>W. W. Benson</i>		Date Filed June 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF MISSISSIPPI

<p>1. Name of Person: WILLIAM ANTON JENNISON</p>		<p>2. Date of Birth: April 1, 1903</p>		<p>3. Sex: Male</p>	
<p>4. Place of Birth: Shelby, Mississippi</p>		<p>5. Race: White</p>		<p>6. Education: High School</p>	
<p>7. Occupation: Farmer</p>		<p>8. Present Address: Shelby, Mississippi</p>		<p>9. Date of Entry: April 1, 1917</p>	
<p>10. Name of Mother: Anna Ann Anderson</p>		<p>11. Name of Father: John Anderson</p>		<p>12. Date of Marriage: April 1, 1903</p>	
<p>13. Name of Spouse: Anna Ann Anderson</p>		<p>14. Name of Child: William Anton JENNISON</p>		<p>15. Date of Birth of Child: April 1, 1903</p>	
<p>16. Name of Child: William Anton JENNISON</p>		<p>17. Date of Birth of Child: April 1, 1903</p>		<p>18. Name of Spouse: Anna Ann Anderson</p>	
<p>19. Name of Spouse: Anna Ann Anderson</p>		<p>20. Name of Child: William Anton JENNISON</p>		<p>21. Date of Birth of Child: April 1, 1903</p>	
<p>22. Name of Child: William Anton JENNISON</p>		<p>23. Date of Birth of Child: April 1, 1903</p>		<p>24. Name of Spouse: Anna Ann Anderson</p>	
<p>25. Name of Spouse: Anna Ann Anderson</p>		<p>26. Name of Child: William Anton JENNISON</p>		<p>27. Date of Birth of Child: April 1, 1903</p>	
<p>28. Name of Child: William Anton JENNISON</p>		<p>29. Date of Birth of Child: April 1, 1903</p>		<p>30. Name of Spouse: Anna Ann Anderson</p>	
<p>31. Name of Spouse: Anna Ann Anderson</p>		<p>32. Name of Child: William Anton JENNISON</p>		<p>33. Date of Birth of Child: April 1, 1903</p>	
<p>34. Name of Child: William Anton JENNISON</p>		<p>35. Date of Birth of Child: April 1, 1903</p>		<p>36. Name of Spouse: Anna Ann Anderson</p>	
<p>37. Name of Spouse: Anna Ann Anderson</p>		<p>38. Name of Child: William Anton JENNISON</p>		<p>39. Date of Birth of Child: April 1, 1903</p>	
<p>40. Name of Child: William Anton JENNISON</p>		<p>41. Date of Birth of Child: April 1, 1903</p>		<p>42. Name of Spouse: Anna Ann Anderson</p>	
<p>43. Name of Spouse: Anna Ann Anderson</p>		<p>44. Name of Child: William Anton JENNISON</p>		<p>45. Date of Birth of Child: April 1, 1903</p>	
<p>46. Name of Child: William Anton JENNISON</p>		<p>47. Date of Birth of Child: April 1, 1903</p>		<p>48. Name of Spouse: Anna Ann Anderson</p>	
<p>49. Name of Spouse: Anna Ann Anderson</p>		<p>50. Name of Child: William Anton JENNISON</p>		<p>51. Date of Birth of Child: April 1, 1903</p>	
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<p>55. Name of Spouse: Anna Ann Anderson</p>		<p>56. Name of Child: William Anton JENNISON</p>		<p>57. Date of Birth of Child: April 1, 1903</p>	
<p>58. Name of Child: William Anton JENNISON</p>		<p>59. Date of Birth of Child: April 1, 1903</p>		<p>60. Name of Spouse: Anna Ann Anderson</p>	
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<p>70. Name of Child: William Anton JENNISON</p>		<p>71. Date of Birth of Child: April 1, 1903</p>		<p>72. Name of Spouse: Anna Ann Anderson</p>	
<p>73. Name of Spouse: Anna Ann Anderson</p>		<p>74. Name of Child: William Anton JENNISON</p>		<p>75. Date of Birth of Child: April 1, 1903</p>	
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<p>94. Name of Child: William Anton JENNISON</p>		<p>95. Date of Birth of Child: April 1, 1903</p>		<p>96. Name of Spouse: Anna Ann Anderson</p>	
<p>97. Name of Spouse: Anna Ann Anderson</p>		<p>98. Name of Child: William Anton JENNISON</p>		<p>99. Date of Birth of Child: April 1, 1903</p>	
<p>100. Name of Child: William Anton JENNISON</p>		<p>101. Date of Birth of Child: April 1, 1903</p>		<p>102. Name of Spouse: Anna Ann Anderson</p>	



REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Viola Meta Stoerck</u>				2. Date (month) (day) (year) Of Birth <u>May</u> <u>30</u> <u>1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Shoshone</u>	b. City or Town of Birth <u>Wardner</u>		
FATHER	6. Full Name of Father <u>Friedrick Daniel Stoerck</u>				7. State or Country of Father's Birth <u>Germany</u>		
MOTHER	8. Full Maiden Name of Mother <u>Marie Louise Markgraf</u>				9. State or Country of Mother's Birth <u>Wisconsin</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Viola Meta Singer</u>		11. Present Address of Registrant <u>127 W. Mullan Ave. Kellogg, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>June 26, 1954</u>				12. Signature of Notary <u>R. B. Wenzel</u>		13. Notary Commission expires My Commission Expires May 26, 1956 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* <u>A</u>	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>H. Rieke, Pastor</u>		Date Issued <u>Baptized</u>	Date Orig. Entry <u>June 1898</u>
	Date of Birth <u>May 30, 1898</u>	Birth Place <u>Wardner, Idaho</u>	Full Name of Mother <u>Maria Stoerck</u>		Name of Father <u>Friedrick Stoerck</u>	
SUPPORTING RECORD 2. Class <u>A</u>	Type of Document <u>Bible Record</u>		By whom issued and signed <u>Family Bible viewed by</u>		Date Issued <u>1898</u>	Date Orig. Entry
	Date of Birth <u>1898</u>	Birth Place	Full Name of Mother <u>Vol B. Angell</u> Notary		Name of Father	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document <u>Affidavit by cousin</u>		By whom issued and signed <u>Martha A. Smith</u>		Date Issued <u>June 25, 1954</u>	Date Orig. Entry
	Date of Birth <u>May 30, 1898</u>	Birth Place <u>Wardner, Idaho</u>	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>W. W. Benson</u>			Date Filed <u>June 30, 1954</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De54-576
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Milton James Newbold			2. Date (month) (day) (year) December 21, 1898	
	3. Color or Race White	4. Sex Male	5. Place of Birth Bannock	6. City or Town of Birth Downey, Idaho	
FATHER	6. Full Name of Father Hyrum Newbold			7. State or Country of Father's Birth Reaston Derby, England	
MOTHER	8. Full Maiden Name of Mother Sarah Elizabeth Juchau			9. State or Country of Mother's Birth Wellsville, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Milton James Newbold</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 7</i> 19 <u>54</u>			11. Present Address of Registrant 4322 S. E. Brooklyn Portland 6, Oregon	
				12. Signature of Notary <i>Mark F. Edgar</i>	
				13. Notary Commission expires <i>May 7</i> 19 <u>57</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>A</u>	Type of Document Bible Record		By whom issued and signed Hyrum Newbold, father		Date issued	Date Orig. Entry 12/21/1898
	Date of Birth 12/21/1898	Birth Place	Full Name of Mother Sarah E. Newbold		Name of Father Hyrum Newbold	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Genealogical Record		By whom issued and signed Copied from Temple Record Salt Lake City, Utah.		Date issued 7/1/1954	Date Orig. Entry 1934
	Date of Birth 12/21/1898	Birth Place Downey, Idaho	Full Name of Mother Sarah Elizabeth Juchau		Name of Father Hyrum Newbold	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Opal Peterson			Date Filed July 7, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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STATE OF IDAHO
DIVISION OF VITAL STATISTICS

State File No. De54-618
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Maria Elisabeth Anderson.</i>					2. Date (month) (day) (year) Of Birth <i>November 18 1898</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Latah</i>		b. City or Town of Birth <i>Moscow Idaho</i>			
FATHER	6. Full Name of Father <i>John Albert Anderson.</i>					7. State or Country of Father's Birth <i>Sweden.</i>		
MOTHER	8. Full Maiden Name of Mother <i>Ida Sofia Svantesdotter</i>					9. State or Country of Mother's Birth <i>Sweden.</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Maria A. Wasech</i>		11. Present Address of Registrant <i>1018 Mansura Ave Berkeley California</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>July 15 1954</i>					12. Signature of Notary <i>Paul Dudley Taylor</i>		13. Notary Commission expires <i>My Commission Expires Nov 194, 1956</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Certificate of Baptism</i>		By whom issued and signed <i>C. J. Beekman, Pastor</i>	Date issued	Date Orig. Entry
	Date of Birth <i>Nov. 18,</i>	Birth Place <i>1898, Moscow, Idaho</i>	Full Name of Mother <i>Ida Sofia Anderson</i>	Name of Father <i>John Albert Anderson</i>	
SUPPORTING RECORD 2.	Type of Document <i>Affidavit by mother</i>		By whom issued and signed <i>Sofe B. Anderson</i>	Date issued <i>July 8,</i>	Date Orig. Entry <i>1954</i>
	Date of Birth <i>Nov. 18,</i>	Birth Place <i>1898, Moscow, Idaho</i>	Full Name of Mother <i>Sofia Anderson</i>	Name of Father <i>John Albert Anderson</i>	
SUPPORTING RECORD 3.	Type of Document <i>Family Bible Record</i>		By whom issued and signed <i>Family</i>	Date issued <i>Nov. 18,</i>	Date Orig. Entry <i>1898</i>
	Date of Birth <i>Nov. 18,</i>	Birth Place <i>1898,</i>	Full Name of Mother	Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Mabel E. Egan

Date Filed
July 19, 1954

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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NOTATION

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Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Frances Emily Dean			2. Date (month) (day) (year) Of Birth December 6 1898		
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Lemhi	b. City or Town of Birth Gibbonsville		
FATHER	6. Full Name of Father George Frank Dean			7. State or Country of Father's Birth Wisconsin		
MOTHER	8. Full Maiden Name of Mother Mellie Ocie Clinton			9. State or Country of Mother's Birth Illinois		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Frances E. Dean, Donlan</i>		11. Present Address of Registrant Salmon, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on July 19 19 54			12. Signature of Notary <i>Fredrick Hughes Hook</i>		13. Notary Commission expires Sept. 21 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Marriage Certificate		By whom issued and signed County Recorder Lemhi County	Date issued Apr. 23, 1927	Date Orig. Entry
	Date of Birth 28 yrs old	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-	Type of Document Voting Registration		By whom issued and signed County of Lemhi, Clerk	Date issued	Date Orig. Entry July 17, 1926
	Date of Birth 27 yrs old	Birth Place Idaho	Full Name of Mother & Recorder	Name of Father	
SUPPORTING RECORD 3-	Type of Document School Record		By whom issued and signed County Board of Education Lemhi County	Date issued June 1, 1954	Date Orig. Entry
	Date of Birth Dec. 6, 1898	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION	Affidavit by Josephine Trowbridge gives the date and place of birth as Dec. 6, 1898, Gibbonsville, Idaho				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Mary E. Dean</i>	Date Filed July 21, 1954	

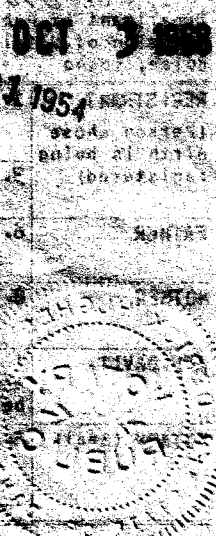
* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

CERTIFICATE OF BIRTH

STATE OF IOWA

State File No. 1-1-10
Local Reg. No.
Reg. Dist. No.

1. Full Name of Child George Frank Dean	2. Full Name of Mother Ellie Cole Clinton	3. Date of Birth April 19, 1924	4. Place of Birth Clinton, Iowa	5. Name of Father George Frank Dean	6. Date of Birth December 8, 1898
7. State or County of Father's Birth Wisconsin		8. State or County of Mother's Birth Illinois		9. Present Address of Registrar Salmon, Idaho	
10. Signature of Registrar <i>[Signature]</i>		11. Signature of Mother <i>[Signature]</i>		12. Notary Commission Expires Sept. 21, 1925	



Type of Document	Date of Birth	Place of Birth	Full Name of Mother	Date Issued	Date Exp. Entry
Birth Certificate	April 19, 1924	Clinton, Iowa	Ellie Cole Clinton	April 28, 1924	July 17, 1925
Birth Certificate	April 19, 1924	Clinton, Iowa	Ellie Cole Clinton	April 28, 1924	July 17, 1925
Birth Certificate	April 19, 1924	Clinton, Iowa	Ellie Cole Clinton	April 28, 1924	July 17, 1925

13. Signature of Registrar
 14. Signature of Mother
 15. Date of Birth
 16. Place of Birth
 17. Full Name of Mother
 18. Date Issued
 19. Date Exp. Entry
 20. Date of Birth
 21. Place of Birth
 22. Full Name of Mother
 23. Date Issued
 24. Date Exp. Entry

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 648
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Minnie Laura Taylor</u>				2. Date (month) (day) (year) Of Birth <u>August 1 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Franklin</u>		b. City or Town of Birth <u>Weston</u>	
FATHER	6. Full Name of Father <u>John William Taylor</u>				7. State or Country of Father's Birth <u>North Carolina</u>	
MOTHER	8. Full Maiden Name of Mother <u>Margaret Anderson</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Minnie Laura Taylor</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>May, 29th 1954</u>				11. Present Address of Registrant <u>Pocatello, Idaho</u> 12. Signature of Notary <u>F. R. Tydeman</u> 13. Notary Commission expires <u>Feb 16 1956</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>6/13/20</u>
	Date of Birth <u>Aug. 1, 1898</u>	Birth Place <u>Weston, Idaho</u>	Full Name of Mother <u>Margaret Anderson</u>		Date Orig. Entry <u>Baptized on June 5, 1920</u>
Class* <u>B</u>					Name of Father <u>J. William Taylor</u>
SUPPORTING RECORD 2.	Type of Document <u>Affidavit for Marriage License</u>		By whom issued and signed <u>Bannock County Clerk and Recorder C.W. Pomeroy,</u>		Date issued <u>6/25/54</u>
	Date of Birth <u>21 yrs old</u>	Birth Place <u>Weston, Idaho</u>	Full Name of Mother <u>Margaret Anderson</u>		Date Orig. Entry <u>License issued on Nov. 12, 1919</u>
Class <u>B</u>					Name of Father <u>John William Taylor</u>
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by Mother</u>		By whom issued and signed <u>Margaret Taylor</u>		Date issued <u>May 10, 1954</u>
	Date of Birth <u>Aug. 1, 1898</u>	Birth Place <u>Weston, Idaho</u>	Full Name of Mother <u>Margaret Anderson</u>		Date Orig. Entry <u>John William Taylor</u>
Class <u>B</u>					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>		Date Filed <u>Aug. 2, 1954</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 6 1954

1. Registrar's Full Name at Birth		2. Color of Face, M. Sex		3. Place of Birth		4. Date of Birth		5. State or County of Father's Birth		6. State or County of Mother's Birth	
John William Taylor		White, M.		Iowa		August 6, 1954		Iowa		Iowa	
7. Full Name of Father		8. Full Name of Mother		9. Signature of Registrar		10. Signature of Notary		11. Present Address of Registrant		12. Present Address of Notary	
John William Taylor		John William Taylor		[Signature]		[Signature]		[Address]		[Address]	
<p>13. I, the Registrar, do hereby certify that the above statements are true to the best of my knowledge and belief.</p> <p>14. I, the Notary, do hereby certify that the above statements are true to the best of my knowledge and belief.</p>											

1. Date of Document		2. Date of Birth		3. Date of Birth		4. Date of Birth		5. Date of Birth		6. Date of Birth	
August 6, 1954		August 6, 1954		August 6, 1954		August 6, 1954		August 6, 1954		August 6, 1954	
7. Name of Father		8. Name of Mother		9. Name of Father		10. Name of Mother		11. Name of Father		12. Name of Mother	
John William Taylor		John William Taylor		John William Taylor		John William Taylor		John William Taylor		John William Taylor	
<p>13. I, the Registrar, do hereby certify that the above statements are true to the best of my knowledge and belief.</p> <p>14. I, the Notary, do hereby certify that the above statements are true to the best of my knowledge and belief.</p>											

1. Date of Document		2. Date of Birth		3. Date of Birth		4. Date of Birth		5. Date of Birth		6. Date of Birth	
August 6, 1954		August 6, 1954		August 6, 1954		August 6, 1954		August 6, 1954		August 6, 1954	
<p>13. I, the Registrar, do hereby certify that the above statements are true to the best of my knowledge and belief.</p> <p>14. I, the Notary, do hereby certify that the above statements are true to the best of my knowledge and belief.</p>											

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De54 744
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Lillian M. Pierce</u>				2. Date (month) (day) (year) Of Birth <u>Aug 7 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth <u>Boise</u>	a. County	b. City or Town of Birth <u>Cold Springs</u>	
FATHER	6. Full Name of Father <u>Edward M. Pierce</u>				7. State or Country of Father's Birth <u>New York City</u>	
MOTHER	8. Full Maiden Name of Mother <u>Pearl M. Smart</u>				9. State or Country of Mother's Birth <u>California</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Lillian Pierce</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Sept 7 1954</u>				11. Present Address of Registrant <u>RRI Box 160A Shunard Oregon</u>	
	12. Signature of Notary <u>Paul L. Fleenor</u>				13. Notary Commission expires <u>October 23 1956</u>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Family Bible</u>		By whom issued and signed		Date issued
	Date of Birth <u>Aug 7 1898</u>		Full Name of Mother <u>Pearl M. Smart</u>		Date Orig. Entry <u>1898</u>
	Birth Place <u>Cold Springs, Idaho</u>		Name of Father <u>Edward M. Pierce</u>		
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Pearl Ahrens-mother</u>		Date issued
	Date of Birth <u>Aug 7 1898</u>		Full Name of Mother <u>Pearl M. Smart</u>		Date Orig. Entry <u>September 7, 1954</u>
	Birth Place <u>Cold Springs, Ida</u>		Name of Father		
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued
	Date of Birth		Full Name of Mother		Date Orig. Entry
	Birth Place		Name of Father		
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Pat Shields</u>		Date Filed <u>Spt. 7, 1954</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAID CERTIFICATE OF BIRTH STATE OF ILLINOIS

SEP 7 1954

1. Present Address of Registrant 2. State of Illinois of Father's Birth 3. State of Illinois of Mother's Birth 4. Date of Birth of Registrant 5. Date of Birth of Father 6. Date of Birth of Mother 7. Name of Father 8. Name of Mother 9. Name of Registrant 10. Signature of Registrant 11. Signature of Father 12. Signature of Mother 13. Signature of Notary 14. Notary Commission Expires 15. Notary Commission Expires	1. Present Address of Registrant 2. State of Illinois of Father's Birth 3. State of Illinois of Mother's Birth 4. Date of Birth of Registrant 5. Date of Birth of Father 6. Date of Birth of Mother 7. Name of Father 8. Name of Mother 9. Name of Registrant 10. Signature of Registrant 11. Signature of Father 12. Signature of Mother 13. Signature of Notary 14. Notary Commission Expires 15. Notary Commission Expires
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1. Present Address of Registrant 2. State of Illinois of Father's Birth 3. State of Illinois of Mother's Birth 4. Date of Birth of Registrant 5. Date of Birth of Father 6. Date of Birth of Mother 7. Name of Father 8. Name of Mother 9. Name of Registrant 10. Signature of Registrant 11. Signature of Father 12. Signature of Mother 13. Signature of Notary 14. Notary Commission Expires 15. Notary Commission Expires	1. Present Address of Registrant 2. State of Illinois of Father's Birth 3. State of Illinois of Mother's Birth 4. Date of Birth of Registrant 5. Date of Birth of Father 6. Date of Birth of Mother 7. Name of Father 8. Name of Mother 9. Name of Registrant 10. Signature of Registrant 11. Signature of Father 12. Signature of Mother 13. Signature of Notary 14. Notary Commission Expires 15. Notary Commission Expires
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1. Present Address of Registrant 2. State of Illinois of Father's Birth 3. State of Illinois of Mother's Birth 4. Date of Birth of Registrant 5. Date of Birth of Father 6. Date of Birth of Mother 7. Name of Father 8. Name of Mother 9. Name of Registrant 10. Signature of Registrant 11. Signature of Father 12. Signature of Mother 13. Signature of Notary 14. Notary Commission Expires 15. Notary Commission Expires	1. Present Address of Registrant 2. State of Illinois of Father's Birth 3. State of Illinois of Mother's Birth 4. Date of Birth of Registrant 5. Date of Birth of Father 6. Date of Birth of Mother 7. Name of Father 8. Name of Mother 9. Name of Registrant 10. Signature of Registrant 11. Signature of Father 12. Signature of Mother 13. Signature of Notary 14. Notary Commission Expires 15. Notary Commission Expires
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REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth PAUL ELMER JOHNSON			2. Date of Birth Feb. 13 1898		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Moscow, Idaho			
FATHER	6. Full Name of Father JOHN H. JOHNSON			7. State or Country of Father's Birth Sweden		
MOTHER	8. Full Maiden Name of Mother LOUISE CHRISTINE			9. State or Country of Mother's Birth Massico, Iowa		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Paul Elmer Johnson</i>		11. Present Address of Registrant 527 Harvard North
NOTARY (Seal)	Subscribed and sworn to before me on 22nd July 1954			12. Signature of Notary <i>Russell Jones</i>		13. Notary Commission expires FEB 7 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1- Class* A	Type of Document Certificate of Baptism		By whom issued and signed J. Sallstrom, Pastor		Date issued Baptized	Date Orig. Entry Mch. 18, 1898
	Date of Birth Feb. 13,	Birth Place 1898, Moscow, Idaho	Full Name of Mother L. Christine Johnson		Name of Father John Johnson	
SUPPORTING RECORD 2- Class A	Type of Document Census record of 1900		By whom issued and signed Bureau of the Census		Date issued 10/2/54	Date Orig. Entry Census of June 1, 1900
	Date of Birth 2 yrs old Feb. 1898	Birth Place Idaho	Full Name of Mother Louise Johnson		Name of Father John Johnson	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by Edna Hamilton			Date Filed Oct. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

OCT 15 1954

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-891
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Blanche Estella Crowley</i>				2. Date (month) (day) (year) Of Birth <i>July 23 1898</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Idaho</i>	a. County <i>Bonneville</i>	b. City or Town of Birth <i>Iona Precinct near Idaho Falls</i>		
FATHER	6. Full Name of Father <i>Squire Green Crowley</i>				7. State or Country of Father's Birth <i>Kentucky</i>		
MOTHER	8. Full Maiden Name of Mother <i>Harriet Amelda Hutchens</i>				9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Blanche Estella Blakley</i>		11. Present Address of Registrant <i>2424 So. Harvey Ave. Chamberlain, California</i>
NOTARY (Seal)	Subscribed and sworn to before me on NOV 3 1954 19____				12. Signature of Notary <i>Lillian Wagner</i>		13. Notary Commission expires LILLIAN WAGNER My Commission Expires October 19, 1955

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document Bible Record		By whom issued and signed <i>Bible viewed by Charles Crowley, Notary</i>		Date issued Ray	Date Orig. Entry 7-23-1898	
	Date of Birth July 23, 1898	Birth Place	Full Name of Mother Harriet Amelda Hutchens		Name of Father Squire Green Crowley		
SUPPORTING RECORD 2.	Type of Document Affidavit by brother		By whom issued and signed Charles Ray Crowley		Date issued July 7, 1954	Date Orig. Entry	
	Date of Birth July 23, 1898	Birth Place Iona, Idaho	Full Name of Mother Harriet A. Hutchens		Name of Father Squire Green Crowley		
SUPPORTING RECORD 3-	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar W. W. Benson		Evidence reviewed by <i>Mark E. Edson</i>			Date Filed Nov. 5, 1954	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

AUG 23 1962

STATE OF TEXAS
COUNTY OF DALLAS

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Signature of Notary

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DATE OF BIRTH: 1914-10-10

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TYPE OF DOCUMENT

Page 10

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DATE OF BIRTH: 1914

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THE UNIVERSITY OF CHICAGO

1. The following information was obtained from the Division of Investigation of the Federal Bureau of Investigation, Washington, D. C., on the date indicated:

701 701

CONFIDENTIAL

20-996

100-443888-100

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. 54-965
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Janetta May Lockwood			2. Date of Birth (month) (day) (year) July 1 1898
	3. Color or Race White	4. Sex F	5. Place of Birth of Registrant Kamiah, Idaho	
FATHER	6. Full Name of Father Lincoln Abraham Lockwood			7. State or Country of Father's Birth Little Rock, Arkansas
MOTHER	8. Full Maiden Name of Mother Amy Augusta Roberts Lockwood			9. State or Country of Mother's Birth Harrisburg, Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Janetta May Lockwood</i>
NOTARY (Seal)	Subscribed and sworn to before me on October 14 19 54			11. Present Address of Registrant Box 23312 North Las Vegas, Nevada
	12. Signature of Notary <i>Mary M. Earew</i>			13. Notary Commission expires April 4, 19 56

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1- Class <u>A</u>	Type of Document Census record of 1900		By whom issued and signed Bureau of the Census		Date issued Sept. 22, 1954
	Date of Birth 1 yrs old July 1898	Birth Place Idaho	Full Name of Mother Emma A. Lockwood		Date Orig. Entry Census of June 1, 1900
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Affidavit		By whom issued and signed Martha K. Young		Date issued Nov. 29, 1954
	Date of Birth July 1, 1898	Birth Place Kamiah, Idaho	Full Name of Mother Amy A. Lockwood		Name of Father Lincoln Abraham Lockwood
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Mary M. Earew</i>		Date Filed Dec. 3, 1954

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.
 Form DPH 49067

DEC 3 1954

100-438717-2
LOCAL #661
NEW YORK
S. GALT (rooming)
100-438717-2

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<p> RECORDS SECTION U.S. DEPARTMENT OF JUSTICE WASHINGTON, D.C. </p>	<p> RECORDS SECTION U.S. DEPARTMENT OF JUSTICE WASHINGTON, D.C. </p>	<p> RECORDS SECTION U.S. DEPARTMENT OF JUSTICE WASHINGTON, D.C. </p>	<p> RECORDS SECTION U.S. DEPARTMENT OF JUSTICE WASHINGTON, D.C. </p>
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CLASSIFIED					
SECRET					
DATE OF BIRTH					
FULL NAME OF HOSTEL					
TYPE OF DOCUMENT					
BY WHOM ISSUED AND WHERE					

NOTICE: This document contains information that is exempt from public release under the Freedom of Information Act, 5 U.S.C. 552. It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with the provisions of the Act and the rules and regulations promulgated thereunder. It is to be released to the public only when authorized by the appropriate agency official.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-973
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Mary Iona Huntsman</u>				2. Date (month) (day) (year) Of Birth <u>May</u> <u>1</u> <u>1898</u>	
	3. Color or Race <u>White</u>	4. Sex	5. Place of Birth <u>Idaho</u>	a. County <u>Cassia</u>	b. City or Town of Birth <u>Basin</u>	
FATHER	6. Full Name of Father <u>John Huntsman</u>				7. State or Country of Father's Birth <u>Utah</u>	
MOTHER	8. Full Maiden Name of Mother <u>Lucy Elvira Hardy</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Mary Iona Huntsman</u>		11. Present Address of Registrant <u>Ashton, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>December 4, 1954</u>			12. Signature of Notary <u>H. S. Stewart</u>		13. Notary Commission expires <u>March 7, 1955</u>

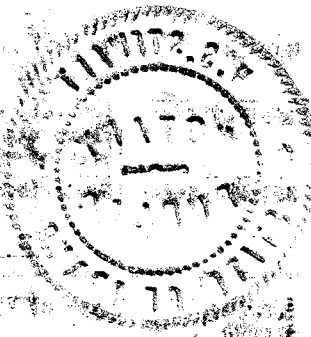
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Lucy Huntsman</u>		Date Issued <u>Nov. 19, 1954</u>	Date Orig. Entry
	Date of Birth <u>May 1, 1898</u>	Birth Place <u>Basin, Idaho</u>	Full Name of Mother <u>Lucy Huntsman</u>		Name of Father <u>John Huntsman</u>	
SUPPORTING RECORD 2.	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date Issued <u>Blessed</u>	Date Orig. Entry <u>June 5, 1898</u>
	Date of Birth <u>May 1, 1898</u>	Birth Place <u>Basin, Idaho</u>	Full Name of Mother <u>Lucy E. Hardy</u>		Name of Father <u>John Huntsman</u>	
SUPPORTING RECORD 3.	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>Baptized</u>	Date Orig. Entry <u>July 29, 1906</u>
	Date of Birth <u>May 1, 1898</u>	Birth Place <u>Basin, Idaho</u>	Full Name of Mother <u>Lucy E. Hardy</u>		Name of Father <u>John Huntsman</u>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>W. W. Benson</u>	Date Filed <u>Dec. 6, 1954</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEC 6 1954



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 1002
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Augusta Mae Calen</u>				2. Date of Birth <u>March 2, 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>female</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Latah</u>	b. City or Town of Birth <u>Troy</u>	
FATHER	6. Full Name of Father <u>John Calen</u>				7. State or Country of Father's Birth <u>Sweden</u>	
MOTHER	8. Full Maiden Name of Mother <u>Inga Marie Person</u>				9. State or Country of Mother's Birth <u>Sweden</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Augusta Mae Calen Johnson</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>13th Dec. 1954</u>				11. Present Address of Registrant <u>310 N. Van Buren, Moscow</u>	
					12. Signature of Notary <u>Edna D. Alaker</u>	
					13. Notary Commission expires <u>June 26 1958</u>	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Census Record of 1920</u>		By whom issued and signed <u>Bureau of the Census</u>		Date issued <u>9-23-54</u>	Date Orig. Entry
	Date of Birth <u>22 yrs old</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father	
Class* <u>B</u>						
SUPPORTING RECORD 2.	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Bureau of Vital Statistics</u>		Date issued <u>Nov. 29, 1924</u>	Date Orig. Entry
	Date of Birth <u>26 yrs old</u>	Birth Place <u>Troy, Idaho</u>	Full Name of Mother <u>Boise, Idaho</u>		Name of Father	
Class <u>B</u>						
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Idaho Mutual Benefit</u>		Date issued <u>Aug. 11, 1938</u>	Date Orig. Entry
	Date of Birth <u>Mch. 2, 1898</u>	Birth Place <u>Troy, Idaho</u>	Full Name of Mother <u>Assoc.</u>		Name of Father	
Class <u>B</u>						
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Edna Hamilton</u>			Date Filed <u>Dec. 15, 1954</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEC 16 1954

State of New York
 County of Albany
 City of Albany
 I, the undersigned, being a duly qualified Registrar of Births and Deaths for the City and County of Albany, do hereby certify that on the 15th day of December, 1954, at Albany, New York, was born to the wife of [Name], a child of the name of [Name], born [Date], and that the child was born alive, and that the child was born of a lawful marriage.

Witness my hand and the seal of the City and County of Albany, this 16th day of December, 1954.

[Signature]
 Registrar of Births and Deaths

AB-20-2



State of New York
 County of Albany
 City of Albany
 I, the undersigned, being a duly qualified Registrar of Births and Deaths for the City and County of Albany, do hereby certify that on the 15th day of December, 1954, at Albany, New York, was born to the wife of [Name], a child of the name of [Name], born [Date], and that the child was born alive, and that the child was born of a lawful marriage.

Witness my hand and the seal of the City and County of Albany, this 16th day of December, 1954.

[Signature]
 Registrar of Births and Deaths

AB-20-2

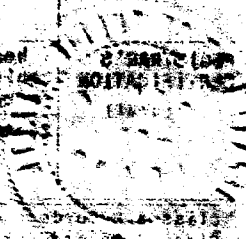
RECEIVED

State of New York
 County of Albany
 City of Albany
 I, the undersigned, being a duly qualified Registrar of Births and Deaths for the City and County of Albany, do hereby certify that on the 15th day of December, 1954, at Albany, New York, was born to the wife of [Name], a child of the name of [Name], born [Date], and that the child was born alive, and that the child was born of a lawful marriage.

Witness my hand and the seal of the City and County of Albany, this 16th day of December, 1954.

[Signature]
 Registrar of Births and Deaths

AB-20-2



STATE OF IDAHO
RECEIVED

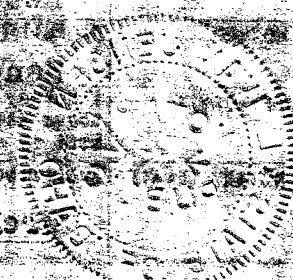
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Mary Jane Mathews		2. Date (month) (day) (year) Of Birth 4 18 1898	
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho Falls, Bingham	6. City or Town of Birth Idaho Falls, Idaho. Rt. 4.
FATHER	6. Full Name of Father Heber C. Mathews		7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Nancy Amelia Hammer		9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Mary Jane Mathews</i>	
NOTARY (Seal)	Subscribed and sworn to before me on March 5, 19 55		11. Present Address of Registrant Shelley, Idaho. Rt. 1, 12. Signature of Notary <i>W. W. Benson</i> 13. Notary Commission expires June 16, 19 55	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Church Record		By whom issued and signed L. D. S. Church		Date issued Blessed	Date Orig. Entry May. 22, 1898
	Date of Birth Apr. 18, 1898	Birth Place Woodville, Idaho	Full Name of Mother Nancy A. Hammer		Name of Father Heber C. Mathews	
SUPPORTING RECORD 2-	Type of Document Church Record		By whom issued and signed L. D. S. Church		Date issued Baptized	Date Orig. Entry July 1, 1910
	Date of Birth Apr. 18, 1898	Birth Place Woodville, Idaho	Full Name of Mother Nancy A. Hammer		Name of Father Heber C. Mathews	
SUPPORTING RECORD 3-	Type of Document Church Record		By whom issued and signed L. D. S. Church		Date issued Confirmed	Date Orig. Entry July 3, 1910
	Date of Birth Apr. 18, 1898	Birth Place Woodville, Idaho	Full Name of Mother Nancy A. Hammer		Name of Father Heber C. Mathews	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by <i>W. W. Benson</i>		Date Filed Mch 7, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 8 1955



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-242
Local Reg. No. _____
Reg. Dist. No. _____

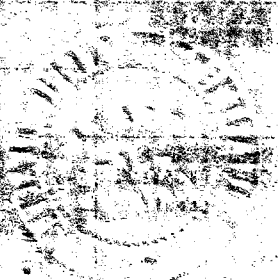
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Louie Leeroy Packer				2. Date (month) (day) (year) Of Birth Feb. 7, 1898		
	3. Color or Race white	4. Sex male	5. Place of Birth a. County 01a, Idaho Boise		b. City or Town of Birth 01a		
FATHER	6. Full Name of Father Charles Andrew Packer				7. State or Country of Father's Birth Missouri		
MOTHER	8. Full Maiden Name of Mother Helen Virginia Hearst				9. State or Country of Mother's Birth Big River, Jeff. Co., Mo.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Louie Leeroy Packer</i>		11. Present Address of Registrant Rte. 3, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 12 1955</i>				12. Signature of Notary <i>W. W. Benson</i>		13. Notary Commission expires 3-5-1959

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Honorible Discharge		United States Army		enlisted	2-19-17	
Class* <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	19 yrs old	01a, Idaho					
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Certificate of Furlough		Regular Army Reserve		3-27-1920	enlisted 2-19-17	
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	19 yrs old	01a, Idaho					
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry	
	Insurance Policy		American Home Benefit		Apr. 5, 1946		
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Name of Father		
	Feb. 7, 1898	Idaho					
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar W. W. Benson		Evidence reviewed by <i>W. W. Benson</i>			Date Filed Mch 14, 1955	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAR 15 1955

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-243
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Goddie La Nova Pearson</u>				2. Date (month) (day) (year) Of Birth <u>March 19 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Leland, Nez Perce, Idaho</u>	a. County <u>Leland, Idaho</u>	b. City or Town of Birth <u>Leland, Idaho</u>	
FATHER	6. Full Name of Father <u>Michael C. Pearson</u>				7. State or Country of Father's Birth <u>Ohio</u>	
MOTHER	8. Full Maiden Name of Mother <u>Marilla Jane Apple</u>				9. State or Country of Mother's Birth <u>Indiana</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Goddie R. Wisdom</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 10, 1955</u>				11. Present Address of Registrant <u>Asotin, Wash.</u>	
	12. Signature of Notary <u>W. Nelson</u>				13. Notary Commission expires <u>January 15, 1959</u>	

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit by sister</u>		By whom issued and signed <u>Ira Belle Sittkus</u>	Date issued <u>Mch 10, 1955</u>	Date Orig. Entry
	Date of Birth <u>Mch. 19, 1898</u>	Birth Place <u>Leland, Idaho</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>1913 School Census</u>		By whom issued and signed <u>Dewey Scheibe County School Supt</u>	Date issued <u>2/23/54</u>	Date Orig. Entry <u>5/1/13</u>
	Date of Birth <u>3/19/1898</u>	Birth Place	Full Name of Mother <u>Mrs. Lillie Pearson</u>	Name of Father <u>Mr. M. C. Pearson</u>	
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>J.P. McGuire Ass't Secretary-Treas.</u>	Date issued <u>2/26/54</u>	Date Orig. Entry <u>4/6/40</u>
	Date of Birth <u>3/19/1898</u>	Birth Place <u>Leland, Ida.</u>	Full Name of Mother	Name of Father	

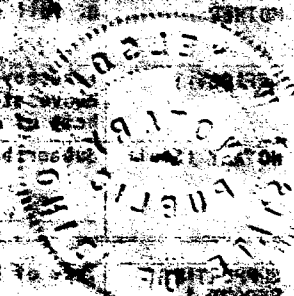
QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. W. Benson</u>			Evidence reviewed by <u>Michael E. Nelson</u>		Date Filed <u>Mch 14, 1955</u>

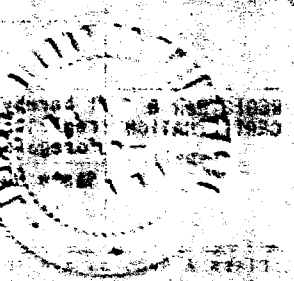
*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

15 1955

1. Name of child: John William Smith
2. Date of birth: 10/10/1954
3. Place of birth: St. Louis, Missouri
4. Name of father: John William Smith
5. Name of mother: Elizabeth Ann Smith
6. Date of marriage: 10/10/1954
7. Name of minister: Rev. John A. Smith
8. Name of witnesses: John A. Smith, Elizabeth Ann Smith
9. Signature of declarant: [Signature]
10. Signature of witnesses: [Signatures]
11. Name of declarant: John A. Smith
12. Name of witnesses: John A. Smith, Elizabeth Ann Smith



13. Name of father: John William Smith
14. Name of mother: Elizabeth Ann Smith
15. Date of marriage: 10/10/1954
16. Name of minister: Rev. John A. Smith
17. Name of witnesses: John A. Smith, Elizabeth Ann Smith
18. Signature of declarant: [Signature]
19. Signature of witnesses: [Signatures]
20. Name of declarant: John A. Smith
21. Name of witnesses: John A. Smith, Elizabeth Ann Smith



22. Name of father: John William Smith
23. Name of mother: Elizabeth Ann Smith
24. Date of marriage: 10/10/1954
25. Name of minister: Rev. John A. Smith
26. Name of witnesses: John A. Smith, Elizabeth Ann Smith
27. Signature of declarant: [Signature]
28. Signature of witnesses: [Signatures]
29. Name of declarant: John A. Smith
30. Name of witnesses: John A. Smith, Elizabeth Ann Smith

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-289
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Lora Beatrice Coonrod</u>					2. Date of Birth (month) (day) (year) <u>Nov. 4, 1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>F</u>	5. Place of Birth <u>Boise, Idaho</u>		a. County <u>Ada</u>	b. City or Town of Birth <u>Boise, Idaho</u>		
FATHER	6. Full Name of Father <u>Ely Marshall Coonrod</u>					7. State or Country of Father's Birth <u>Kansas State, U.S. A.</u>		
MOTHER	8. Full Maiden Name of Mother <u>Charlotte Jobe</u>					9. State or Country of Mother's Birth <u>Idaho State, U. S. A.</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Lora Beatrice Coonrod</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 16, 1955</u>					11. Present Address of Registrant <u>P.O. Box 36, McCall, Id.</u>		
						12. Signature of Notary <u>[Signature]</u>		
						13. Notary Commission expires <u>May 4, 1957</u>		

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class <u>B</u>	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Division of Vital Statistics Boise, Idaho, #34923</u>		Date issued	Date Orig. Entry <u>Nov. 21, 1915</u>
	Date of Birth <u>17 yrs old</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Grange Mutual Life Co.</u>		Date issued <u>Sept. 12, 1947</u>	Date Orig. Entry
	Date of Birth <u>1898</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document <u>Affidavit by</u>		By whom issued and signed <u>Irl Shaw</u>		Date issued <u>Mch 16, 1955</u>	Date Orig. Entry
	Date of Birth <u>Nov. 4, 1898</u>	Birth Place <u>Boise, Idaho</u>	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>[Signature]</u>	Date Filed <u>Mch 29, 1955</u>
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**RETURNED TO SENDER
NO POSTAGE
NECESSARY
IF MAILED
IN THE UNITED STATES**

Class of 1961: 1961-1962
College of Arts and Sciences
University of California, Los Angeles

MAR 30 1955

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U.S. State of Georgia

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 3. *What is the study design?*
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 6. *What are the data collection methods?*
 7. *What are the data analysis methods?*
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 10. *What are the limitations?*
 11. *What are the implications?*
 12. *What are the future research directions?*

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SECRET

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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

NOV 19 1954

RECEIVED

MAR 7 1955

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <i>Lily Almyra Stuve</i>					2. Date (month) (day) (year) Of Birth <i>Dec. 28 1898</i>		
	3. Color or Race <i>White</i>	4. Sex <i>F</i>	5. Place of Birth <i>Harrison Kootenai</i>		a. County <i>Idaho</i>			b. City or Town of Birth <i>Idaho</i>
FATHER	6. Full Name of Father <i>Hans H. Stuve</i>					7. State or Country of Father's Birth <i>NOTWAY</i>		
MOTHER	8. Full Maiden Name of Mother <i>Emma Jenkins</i>					9. State or Country of Mother's Birth <i>Wisconsin</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Almyra Stuve</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 1 1955</i>					11. Present Address of Registrant <i>1400 Catlin Ave. Superior, Wis.</i>		12. Signature of Notary <i>Dale K. Amundson</i>
						13. Notary Commission expires <i>June 16 1955</i>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>Bible Record</i>		By whom issued and signed <i>Family Bible</i>		Date issued <i>Dec. 28, 1898</i>	Date Orig. Entry <i>1898</i>
	Date of Birth <i>Dec. 28, 1898</i>	Birth Place <i>Harrison, Idaho</i>	Full Name of Mother <i>Ida. Emma Jenkins</i>		Name of Father <i>H. H. Stuve</i>	
SUPPORTING RECORD 2.	Type of Document <i>Child's birth certificate</i>		By whom issued and signed <i>State of Wisconsin</i>		Date issued <i>Apr. 13, 1926</i>	Date Orig. Entry <i>1926</i>
	Date of Birth <i>27 yrs old</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Ida. Emma Jenkins</i>		Name of Father <i>H. H. Stuve</i>	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>M. W. Benson</i>		Date Filed <i>Mch 31, 1955</i>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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[The page contains several circular stamps from the Federal Bureau of Investigation (FBI) and other government agencies, along with handwritten notes and markings.]

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De55-306
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth William Dewey Christensen			2. Date (month) (day) (year) May 30 1898		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County b. City or Town of Birth Idaho (bingham) now Caribou Henry			
FATHER	6. Full Name of Father Niels Christian Christensen			7. State or Country of Father's Birth Denmark		
MOTHER	8. Full Maiden Name of Mother Lena Marietta Hansen			9. State or Country of Mother's Birth Idaho		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Wm Dewey Christensen</i>		11. Present Address of Registrant Blackfoot Idaho box 725
NOTARY (Seal)	Subscribed and sworn to before me on March 31st 19 55			12. Signature of Notary <i>Earl W. Dorey</i>		13. Notary Commission expires February 8th 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>A</u>	Type of Document Bible Record	By whom issued and signed Family Bible	Date issued	Date Orig. Entry May 30, 1898
	Date of Birth May 30, 1898	Birth Place Henry, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Affidavit by mother	By whom issued and signed Lena Marietta Hensen Baker	Date issued 3-29-55	Date Orig. Entry
	Date of Birth May 30, 1898	Birth Place Henry, Idaho	Full Name of Mother Lena Marietta Hansen	Name of Father Christensen Niels Christian /
SUPPORTING RECORD 3- Class _____	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar W. W. Benson	Evidence reviewed by <i>Walter F. Elder</i>		Date Filed Apr. 4, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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SECRETARY OF DEFENSE

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JAN 10 1964
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

1. The first part of the document is a list of names and titles, including "The Hon. Mr. Justice" and "The Hon. Mr. Justice".

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CC-01 100-1010-11

THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

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These are the only two cases where the board of directors has not been notified of the proposed transaction.

MAR 28 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Robert Ervin Lee					2. Date (month) (day) (year) Aug. 31 1898	
	3. Color or Race W	4. Sex M	5. Place of Birth Idaho	a. County Idaho County	b. City or Town of Birth Rural		
FATHER	6. Full Name of Father Cyrus Milton Lee					7. State or Country of Father's Birth Villisca, Iowa	
MOTHER	8. Full Maiden Name of Mother Martha Ritnour					9. State or Country of Mother's Birth Pittsburgh, Pennsylvania	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant Robert Ervin Lee	
NOTARY (Seal)	Subscribed and sworn to before me on March 23, 1955					11. Present Address of Registrant Grangeville	
	12. Signature of Notary H. C. MacDonnell					13. Notary Commission expires Oct. 1 1958	

APPLICANT— DO NOT WRITE BELOW THIS LINE

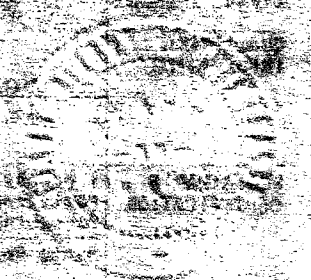
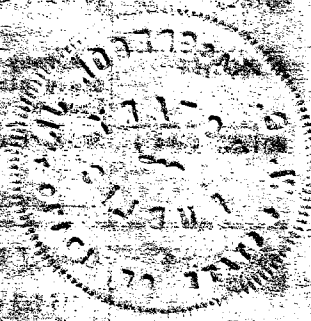
SUPPORTING RECORD 1.	Type of Document Bible Record		By whom issued and signed Bible viewed by G. F. Cleveland, Notary Public		Date issued	Date Orig. Entry Aug. 31, 1898
	Date of Birth Aug. 31, 1898	Birth Place	Full Name of Mother Kooskia		Name of Father	
SUPPORTING RECORD 2.	Type of Document Application for Insurance		By whom issued and signed Northern Life Insurance		Date issued	Date Orig. Entry Feb. 9, 1927
	Date of Birth Aug. 31, 1898	Birth Place Grangeville, Idaho	Full Name of Mother Company		Name of Father	
SUPPORTING RECORD 3.	Type of Document Affidavit for Marriage		By whom issued and signed State of Idaho County of Idaho		Date issued Oct. 20, 1916	Date Orig. Entry
	Date of Birth 18 yrs old	Birth Place License	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION	School record, Idaho County Board of Education, gives the age as 16 yrs in 1915					
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REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson			Evidence reviewed by [Signature]		Date Filed Apr. 4, 1955

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 4 1955



154-211-028-595

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO
MAY 11 1955

State File No. De55-335

Local Reg. No. _____

Reg. Dist. No. _____

Division of Vital Statistics

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Christina Andersen</i>				2. Date (month) (day) (year) Of Birth <i>Sept. 11 1898</i>	
	3. Color or Race <i>White</i>	4. Sex <i>F</i>	5. Place of Birth a. County <i>Kootenai County, Idaho</i>		b. City or Town of Birth <i>Coeur d'Alene, Idaho</i>	
FATHER	6. Full Name of Father <i>Hans Andrew Andersen</i>				7. State or Country of Father's Birth <i>Denmark</i>	
MOTHER	8. Full Maiden Name of Mother <i>Johanna Nielsen</i>				9. State or Country of Mother's Birth <i>Denmark</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Christina Andersen Phillips</i>	11. Present Address of Registrant <i>2723 Puckonua St.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 14 1955</i>				12. Signature of Notary <i>Yun Fat Lee</i>	13. Notary Commission expires <i>May 9 1955</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <i>School Record</i>		By whom issued and signed <i>County Board of Education Kootenai County, Idaho</i>	Date issued <i>census of 1909</i>	Date Orig. Entry
	Date of Birth <i>11 yrs old</i>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <i>Insurance Policy</i>		By whom issued and signed <i>New York Life Insurance</i>	Date issued <i>Feb. 18, 1929</i>	Date Orig. Entry
	Date of Birth <i>Sept. 11, 1898</i>	Birth Place <i>Coeur d'Alene, Idaho</i>	Full Name of Mother Company	Name of Father	
SUPPORTING RECORD 3.	Type of Document <i>Affidavit by Aunt</i>		By whom issued and signed <i>Emma Nielsen</i>	Date issued <i>Apr. 1, 1955</i>	Date Orig. Entry
	Date of Birth <i>Sept. 11, 1898</i>	Birth Place <i>Coeur d'Alene, Idaho</i>	Full Name of Mother <i>Johanna Nielsen</i>	Name of Father <i>Hans Andrew /</i>	

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Malcolm K. Lee

Date Filed

*Apr. 8, 1955**Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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12. Monthly Commission expires 12/31/2000

Ver. 1.00

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FROM: SAC, NEW YORK
SUBJECT: [REDACTED]

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WASHINGTON, D.C.

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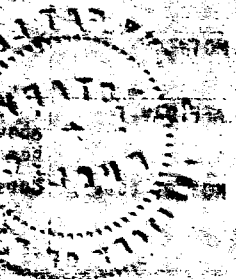
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APR 6 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth JOHN HENRY RUMEL			2. Date (month) (day) (year) Of Birth JULY 31 1898		
	3. Color or Race White	4. Sex M	5. Place of Birth a. County Ketchum Idaho Blaine	b. City or Town of Birth Ketchum		
FATHER	6. Full Name of Father Edward C Rumel			7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother Bessie Buckley			9. State or Country of Mother's Birth England		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>John H. Rumel</i>		11. Present Address of Registrant 876 West 7th South
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____			12. Signature of Notary <i>Wallace H. Purse</i>		13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Honorable Discharge		By whom issued and signed United States Army		Date Issued enlisted	Date Orig. Entry Oct. 19, 1918
	Date of Birth 20 yrs old	Birth Place Ketchum, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Application for insurance		By whom issued and signed Lincoln National Life Insurance Co		Date Issued Sept. 17, 1943	Date Orig. Entry
	Date of Birth July 31, 1898	Birth Place Ketchum, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Child's birth certificate		By whom issued and signed State of Utah		Date Issued	Date Orig. Entry Oct. 12, 1934
	Date of Birth 36 yrs old	Birth Place Ketchum, Idaho	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Malcolm H. Freden

Date Filed
Apr. 18, 1955

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

Local Reg. No. _____
Date of Birth _____
Sex _____
Age _____
Place of Birth _____
State of Birth _____
County of Birth _____
City or Town of Birth _____
Name of Father _____
Name of Mother _____
Signature of Registrar _____
Date of Registration _____

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Date of Birth _____
Sex _____
Age _____
Place of Birth _____
State of Birth _____
County of Birth _____
City or Town of Birth _____
Name of Father _____
Name of Mother _____
Signature of Registrar _____
Date of Registration _____

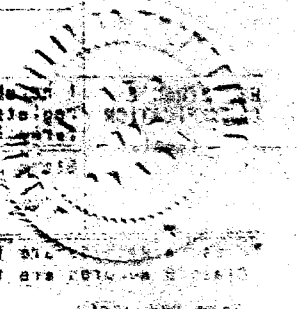
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REGISTRANT (Person whose Birth is being registered)	1. Registrant's Division of Vital Statistics				2. Date (month) (day) (year) Of Birth April 16 1898		
	3. Color or Race White	4. Sex Male	5. Place of Birth Idaho	a. County Ness Pears	b. City or Town of Birth Southwick		
FATHER	6. Full Name of Father JACOB H. FLORY				7. State or Country of Father's Birth Ohio U.S.A.		
MOTHER	8. Full Maiden Name of Mother NETTIE E. FORNEY				9. State or Country of Mother's Birth Illinois U.S.A.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Jesse Raymond Flory		11. Present Address of Registrant 650 Highland Rd. Grandview, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on April 21 1955				12. Signature of Notary Lecia Forney		13. Notary Commission expires May 27 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Marriage Return		By whom issued and signed County Auditor Grandview, Wash.		Date issued Feb. 9, 1927	Date Orig. Entry
	Date of Birth 28 yrs	Birth Place Idaho	Full Name of Mother Nettie Forney		Name of Father Jacob H. Flory	
SUPPORTING RECORD 2.	Type of Document Affidavit by sister		By whom issued and signed Lavina Pearl Flory Harter		Date issued Apr. 21, 1955	Date Orig. Entry
	Date of Birth Apr. 16, 1898	Birth Place Southwick, Idaho	Full Name of Mother Idaho		Name of Father	
SUPPORTING RECORD 3.	Type of Document Insurance Policy		By whom issued and signed Kansas City Life		Date issued Sept. 15, 1939	Date Orig. Entry
	Date of Birth 20 yrs old	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by	Date Filed Apr. 25, 1955

APR 25 1955



REGISTRANT (Person whose Birth is being registered)	1. Registrant		2. Date (month) (day) (year)	
	Hester Jinnie Berry		April 17 1898	
FATHER	3. Color or Race	4. Sex	5. Place of Birth	6. County
	White	F	Latah County, Idaho	Post office Palouse
MOTHER	6. Full Name of Father		7. State or Country of Father's Birth	
	Thomas Harney Berry		Centry County Missouri	
AFFIDAVIT	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth	
	Arminda Jane Finders		Centry County Missouri	
NOTARY (Seal)	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	
	Hester Jinnie Berry		11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on		12. Signature of Notary	
	Jan 19 - 19 55		Mark W. Sullivan	
13. Notary Commission expires				
My Commission expires August 1, 1958				

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1	Type of Document		By whom issued and signed		Date issued
	Affidavit by mother		Arminda Jane Finders Berry		Jan. 19, 1955
Class* B	Date of Birth	Birth Place	Full Name of Mother		Name of Father
	April 17, 1898	Latah County, Idaho	Arminda Jane Finders		Thomas
SUPPORTING RECORD 2	Type of Document		By whom issued and signed		Date issued
	Insurance Policy		Idaho Mutual Benefit		Dec. 1, 1939
Class B	Date of Birth	Birth Place	Full Name of Mother Association		Name of Father
	Apr. 17, 1898	Idaho			
SUPPORTING RECORD 3	Type of Document		By whom issued and signed		Date issued
	Census Record		Department of Commerce Bureau of the Census		census of 1920
Class B	Date of Birth	Birth Place	Full Name of Mother		Name of Father
	21 years old	Idaho			
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			Evidence reviewed by		
State Registrar			Date Filed		
W. W. Benson			May 19, 1955		

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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MAY 10 1951

A circular postmark from the City of London, dated 1891. The text "CITY OF LONDON" is curved along the bottom inner edge, and "1891" is at the bottom. The center contains the word "POST" and "OFFICE" is curved along the top inner edge. The date "1891" is also visible in the center.

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REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Gilbert Ord Stevens</u>				2. Date (month) (day) (year) Of Birth <u>June</u> <u>24</u> <u>1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth <u>Kootenai</u>	a. County	b. City or Town of Birth <u>Coeur d'Alene</u>	
FATHER	6. Full Name of Father <u>Frank Gilbert Stevens</u>				7. State or Country of Father's Birth <u>Ohio, United States</u>	
MOTHER	8. Full Maiden Name of Mother <u>Emma Jones Stevens</u>				9. State or Country of Mother's Birth <u>Coche, Utah, United States</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Gilbert Ord Stevens</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 25</u> <u>1955</u>				11. Present Address of Registrant <u>P.O. Box 65, Medford, Oreg.</u>	
					12. Signature of Notary <u>B. Cottoningham</u>	
					13. Notary Commission expires <u>NOTARY PUBLIC FOR OREGON</u> <u>My Commission Expires Jan. 20, 1956</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>School Record</u>		By whom issued and signed <u>Box Elder High School</u> <u>Brigham City, Utah</u>		Date issued <u>Sept. 1914</u>
	Date of Birth <u>16 yrs old</u>	Birth Place	Full Name of Mother		Name of Father
Class* <u>B</u>					
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Emma Stevens</u>		Date issued <u>3-11-55</u>
	Date of Birth <u>June 24, 1898</u>	Birth Place <u>Coeur d'Alene, Idaho</u>	Full Name of Mother <u>Emma Stevens</u>		Name of Father <u>Frank Stevens</u>
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <u>Church Record</u>		By whom issued and signed <u>L. D. S. Church</u>		Date issued <u>entered</u>
	Date of Birth <u>June 24, 1898</u>	Birth Place <u>Coeur d'Alene, Idaho</u>	Full Name of Mother <u>Emma Jones</u>		Date Orig. Entry <u>Feb. 3, 1907</u>
Class <u>B</u>					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>M. J. Freden</u>		Date Filed <u>May 19, 1955</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

A circular postmark from Puerto Rico. The outer ring contains the text "PUERTO RICO" at the top and "PR 00983" at the bottom. The inner circle contains the date "MAY 11 1964" and the time zone "-5:00". The center of the stamp features a stylized graphic of a person's head and shoulders, facing right, with the word "PR" below it. The entire stamp is surrounded by a decorative border of small dots.

103-451-141

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth LeRoy Crouch		MAY 31 1955 Division of Vital Statistics		2. Date (month) (day) (year) Of Birth July 8 1898
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Lanark Bear Lake		b. City or Town of Birth Lanark, Idaho
FATHER	6. Full Name of Father Ebenezer Crouch				7. State or Country of Father's Birth England
MOTHER	8. Full Maiden Name of Mother Mary Priscilla Lerwill				9. State or Country of Mother's Birth England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Le Roy Crouch</i>		11. Present Address of Registrant 96 West 1st. South Payson, Utah.
NOTARY (Seal)	Subscribed and sworn to before me on <i>18th of April - 1955</i>		12. Signature of Notary <i>W. W. Benson</i>		13. Notary Commission expires <i>Aug 9 - 1956</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>A</u>	Type of Document Certificate of Blessing		By whom issued and signed L. D. S. Church		Date issued Blessed	Date Orig. Entry Oct. 30, 1898
	Date of Birth July 8, 1898	Birth Place Lanark, Idaho	Full Name of Mother Mary P. Lerwill		Name of Father Ebenezer Crouch	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Application for insurance		By whom issued and signed Beneficial Life Insurance Company		Date issued Dec. 27, 1942	Date Orig. Entry Dec. 27, 1942
	Date of Birth July 8, 1898	Birth Place Lanark, Idaho	Full Name of Mother Company		Name of Father	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document Child's birth certificate		By whom issued and signed Division of Vital Statistics		Date issued Sept. 9, 1922	Date Orig. Entry Sept. 9, 1922
	Date of Birth 24 yrs old	Birth Place Bear Lake, Idaho	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. Benson		Evidence reviewed by <i>W. W. Benson</i>			Date Filed May 31, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

[Faint, mostly illegible text from a document scan, possibly containing names and dates.]

MAR 18 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth EVANGELINE CLYDE NEIL				2. Date (month) (day) (year) 2 2 1898	
	3. Color or Race WHITE	4. Sex FEMALE	5. Place of Birth a. County MOUNTAIN HOME, IDAHO		b. City or Town of Birth ELMORE COUNTY	
FATHER	6. Full Name of Father JOHN MARCUS NEIL				7. State or Country of Father's Birth Georgia	
MOTHER	8. Full Maiden Name of Mother MAUD FISHER PITTMAN (NEIL)				9. State or Country of Mother's Birth Georgia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Evangeline C. Neil</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Nov. 19</i> 19 <i>54</i>				11. Present Address of Registrant 3283 Conkling Place, Seattle, 99, Wn.	
	12. Signature of Notary <i>Mac G. Smith</i>				13. Notary Commission expires <i>Oct. 9</i> 19 <i>55</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by Uncle		By whom issued and signed Letcher Pittman	Date issued Nov. 12,	Date Orig. Entry 1954
	Date of Birth Feb. 2, 1898,	Birth Place Mountain Home	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Census Record		By whom issued and signed Department of Commerce Bureau of the Census	Date issued Census of 4-15-20	Date Orig. Entry
	Date of Birth 12 yrs old	Birth Place Idaho	Full Name of Mother Maude F. Neil	Name of Father John M. Neil	
SUPPORTING RECORD 3.	Type of Document Application for Insurance		By whom issued and signed Equitable Life Assurance	Date issued Mch 31, 1923	Date Orig. Entry
	Date of Birth Feb. 2, 1898,	Birth Place Mountain Home Idaho	Full Name of Mother Society	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by <i>Mark P. Fredson</i>	Date Filed June 1, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name <u>Delia Pearl Shelton</u>				2. Date of Birth (month) (day) (year) <u>Aug 26 1898</u>		
	3. Color or Race <u>W</u>	4. Sex <u>F</u>	5. Place of Birth <u>Pearl Boise</u>		b. City or Town of Birth <u>Pearl Idaho</u>		
FATHER	6. Full Name of Father <u>Francis Marion Shelton</u>				7. State or Country of Father's Birth <u>Oregon</u>		
MOTHER	8. Full Maiden Name of Mother <u>Nettie Maud Higgins</u>				9. State or Country of Mother's Birth <u>Nevada</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Willie P. Shelton</u>		11. Present Address of Registrant <u>R 23425 Front Street</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>May 31 1955</u>				12. Signature of Notary <u>Shelton Rudinill</u>		13. Notary Commission Expires <u>Mar 20 1957</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document <u>Child's birth certificate</u>		By whom issued and signed <u>Division of Vital Statistics</u>		Date issued <u>Dec. 12, 1932</u>	Date Orig. Entry <u>Dec. 12, 1932</u>	
	Date of Birth <u>34 yrs old</u>	Birth Place <u>Pearl, Idaho</u>	Full Name of Mother <u>Nettie M. Shelton</u>		Name of Father <u>Francis Marion Shelton</u>		
SUPPORTING RECORD 2-	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Nettie M. Shelton</u>		Date issued <u>May 31, 1955</u>	Date Orig. Entry <u>May 31, 1955</u>	
	Date of Birth <u>Aug. 26, 1898</u>	Birth Place <u>Pearl, Idaho</u>	Full Name of Mother <u>Nettie Shelton</u>		Name of Father <u>Francis Marion Shelton</u>		
SUPPORTING RECORD 3-	Type of Document <u>Insurance policy</u>		By whom issued and signed <u>Prudential Life Insurance Company</u>		Date issued <u>Oct. 15, 1923</u>	Date Orig. Entry <u>Oct. 15, 1923</u>	
	Date of Birth <u>age next birthday</u>	Birth Place <u>26 in 1924</u>	Full Name of Mother <u>Company</u>		Name of Father <u>Company</u>		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Nettie P. Shelton</u>			Date Filed <u>June 6, 1955</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

100-242

UNITED STATES DEPARTMENT OF JUSTICE

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Division of Vital Statistics

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Delphia Ruth Howell			2. Date of Birth (month) (day) (year) March 25th 1898		
	3. Color or Race white	4. Sex F.	5. Place of Birth a. County Nez Perce	b. City or Town of Birth Lewiston		
FATHER	6. Full Name of Father John Roby Howell.			7. State or Country of Father's Birth North Carolina		
MOTHER	8. Full Maiden Name of Mother Mary Ellen Johnson.			9. State or Country of Mother's Birth Illinois		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Delphia Ruth Howell</i>		11. Present Address of Registrant 1232-Billups Clarkston, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 7 1955</i>			12. Signature of Notary <i>Betty Jean Galla</i>		13. Notary Commission expires <i>Sept 8 1955</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>A</u>	Type of Document Bible record of family births		By whom issued and signed	Date issued	Date Orig. Entry Mar. 25, 1898
	Date of Birth Mar. 25, 1898	Birth Place	Full Name of Mother Mary Ellen Johnson	Name of Father John Roby Howell	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document County record of marriage		By whom issued and signed Irene Allen, County Auditor Asotin County, Washington	Date issued June 9, 1915	Date Orig. Entry
	Date of Birth 17 yrs old	Birth Place Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by Edna Hamilton	Date Filed June 15, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Gladys Mary Slavin		2. Date of Birth December 12 1898	
FATHER	3. Color or Race White	4. Sex Female	5. Place of Birth Lemhi	6. City or Town of Birth Salmon
MOTHER	6. Full Name of Father W. W. Slavin		7. State or Country of Father's Birth Malone, New York	
AFFIDAVIT	8. Full Maiden Name of Mother Frances Kadletz		9. State or Country of Mother's Birth High Ridge, Missouri	
NOTARY (Seal)	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant Gladys Mary Slavin Edwards	
	Subscribed and sworn to before me on June 16th 1955		11. Present Address of Registrant Salmon, Idaho	
	12. Signature of Notary		13. Notary Commission expires February 27 1956	

APPLICANT - DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1.	Type of Document Bible record	By whom issued and signed family Bible viewed by C. Walker Lyon, Notary	Date issued 4-29-55	Date Orig. Entry
Class* A	Date of Birth Dec. 12, 1898	Full Name of Mother Public, Salmon	Name of Father W. W. Slavin	
SUPPORTING RECORD 2.	Type of Document school record	By whom issued and signed Lemhi County School Super. Maenue R. Ellis	Date issued 4-29-55	Date Orig. Entry school census 1910
Class B	Date of Birth Dec. 12, 1898	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document affidavit - cousin	By whom issued and signed Mabel K. Rand	Date issued 6-16-55	Date Orig. Entry
Class B	Date of Birth Dec. 12, 1898	Full Name of Mother Salmon, Lemhi County Frances Kadletz Idaho	Name of Father W. W. Slavin	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar W. W. Benson	Evidence reviewed by Betty Waller	Date Filed June 29, 1955	

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DEPARTMENT OF HEALTH

STATE OF IOWA

Date of Birth

1890

Place of Birth

State of Iowa

County of Iowa

City of Iowa

Residence

Date of Issue

1890

Signature of Issuer

Date of Issue

1890

Date of Issue

1890

Date of Issue

1890

Signature of Issuer

Signature of Issuer

Date of Issue

1890

Signature of Issuer

Signature of Issuer



319-212 03-719 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De55-650**

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Jennie Merle Carter		2. Date (month) (day) (year) March 12, 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bannock	b. City or Town of Birth Pocatello
FATHER	6. Full Name of Father Levi Cordon Carter		7. State or Country of Father's Birth Illinois	
MOTHER	8. Full Maiden Name of Mother Lydia A. Gardner		9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Jennie M. Carter Farmer</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 8,</u> 19 <u>55</u>		11. Present Address of Registrant 12. Signature of Notary <i>R. M. [Signature]</i>	
			13. Notary Commission expires Notary Public for Idaho Residence, Boise, Idaho My Commission Expires Jan. 28, 195 <u>6</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Church records	By whom issued and signed Statement by Clayne Robison Bishop, LDS Church	Date issued 7-8-55	Date Orig. Entry June 4, 1908
Class* B	Date of Birth March 12, 1898	Birth Place Pocatello, Idaho	Full Name of Mother Name of Father	
SUPPORTING RECORD 2-	Type of Document Child's Birth Certificate	By whom issued and signed Div. Vital Statistics, Idaho #68626	Date issued	Date Orig. Entry May 23, 1919
Class B	Date of Birth Age 21	Birth Place Pocatello, Idaho	Full Name of Mother Name of Father	
SUPPORTING RECORD 3-	Type of Document Life Insurance	By whom issued and signed Metropolitan Life Ins. Co. Policy No. 35781237	Date issued 2-24-1936	Date Orig. Entry 2-24-1936
Class B	Date of Birth Age 38	Birth Place	Full Name of Mother Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Joyce B. Foltz	Date Filed July 8, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name and Surname Addie Caroline Tarr			2. Date (month) (day) (year) Of Birth January 25th 1898	
	3. Color or Race white	4. Sex fem	5. Place of Birth Idaho Springs,	a. County Bingham	b. City or Town of Birth Soda Springs
FATHER	6. Full Name of Father Jacob Ezra Tarr			7. State or Country of Father's Birth Missouri	
MOTHER	8. Full Maiden Name of Mother Annie Abalula Hansen			9. State or Country of Mother's Birth Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Addie C. Tarr</i>	
				11. Present Address of Registrant Pocatello, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 30</i> 1955			12. Signature of Notary <i>H. H. Hubbell</i>	
				13. Notary Commission expires 7-14-57 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
	affidavit by mother	Annie A. Tarr		4-30-55	
Class* B	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	Jan. 25, 1898	Soda Springs, Idaho	Annie A. Tarr		
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
	child's birth certificate	Bureau of Vital Statistics		2-29-32	
Class B	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	34 years old - Idaho	Soda Springs, Idaho	Addie Tarr		
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed		Date issued	Date Orig. Entry
	letter re insurance application	Mutual of Omaha		7-8-55	
Class B	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
	Jan. 25, 1898	Soda Springs, Idaho	Addie Tarr		
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. L. Benson</i>		Evidence reviewed by Betty Waller	Date Filed July 11, 1955	

STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

STATE OF INDIANA

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INDIANAPOLIS, INDIANA

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INDIANAPOLIS, INDIANA

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MAY 24 1955 STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Ida Marie Jones				2. Date (month) (day) (year) April 14, 1898	
	3. Color or Race White	4. Sex female	5. Place of Birth Hailey,	a. County Blaine	b. City or Town of Birth Hailey, Idaho	
FATHER	6. Full Name of Father James Miller Jones				7. State or Country of Father's Birth Missouri, U. S. A.	
MOTHER	8. Full Maiden Name of Mother Ida Rosetta Skyles				9. State or Country of Mother's Birth Missouri, U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ida Marie Bolliger</i>	
NOTARY (Seal)	Subscribed and sworn to before me on May 16, 1955				11. Present Address of Registrant Hailey, Idaho	
					12. Signature of Notary <i>Joseph N. Guld</i>	
					13. Notary Commission expires Feb. 24, 1956	

APPLICANT - DO NOT WRITE BELOW THIS LINE			
SUPPORTING RECORD 1.	Type of Document Child's birth certificate	By whom issued and signed Division of Vital Statistics, Boise, Idaho	Date issued Dec. 5, 1935
	Date of Birth 37 yrs old, Hailey, Idaho	Full Name of Mother #239476	Name of Father
SUPPORTING RECORD 2.	Type of Document Affidavit by mother	By whom issued and signed Ida R. Jones	Date issued May 16, 1955
	Date of Birth Apr. 14, 1898, Hailey, Idaho	Full Name of Mother Ida R. Jones	Name of Father James M. Jones
SUPPORTING RECORD 3.	Type of Document application for insurance	By whom issued and signed Woman's Benefit Asso. Port Huron, Michigan	Date issued 7-15-55
	Date of Birth April 14, 1898 - Hailey, Ida.	Full Name of Mother Ida Rosetta Skyles	Name of Father James Miller Jones
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
State Registrar <i>W. W. Benson</i>		Evidence reviewed by Betty Waller	Date Filed July 21, 1955

DEPARTMENT OF BIRTH

STATE OF IOWA

1908

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1908

Missouri, U. S. A.

Missouri, U. S. A.

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Missouri, U. S. A.

James W. Jones

James W. Jones

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AUG 4 1955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Grace B. Blanchard Stewart</u>					2. Date (month) (day) (year) Of Birth <u>August 27 1898</u>		
	3. Color of Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Shelley Idaho Bingham Co</u>		6. City or Town of Birth <u>Shelley Idaho</u>			
FATHER	6. Full Name of Father <u>Edson Nephi Stewart</u>					7. State or Country of Father's Birth <u>Franklin, Bonanza Co, Idaho</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Ann Phillips</u>					9. State or Country of Mother's Birth <u>Arizona, Pinal Co</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Grace B. Stewart</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>July 31 1955</u>					11. Present Address of Registrant <u>501 - Orchard Way, Idaho</u>		
	12. Signature of Notary <u>M. Y. Bennett</u>					13. Notary Commission expires <u>July 1 1957</u>		

SUPPORTING RECORD 1				SUPPORTING RECORD 2				SUPPORTING RECORD 3									
Type of Document		By whom issued and signed		Date issued		Date Orig. Entry		Type of Document		By whom issued and signed		Date issued		Date Orig. Entry			
family record		certified as true and correct by Lawrence Walan, County Clerk,		7-25-55				affidavit by mother		Mary Ann Owens		7-22-55					
Date of Birth	Birth Place	Full Name of Mother		Name of Father		Date of Birth	Birth Place	Full Name of Mother		Name of Father		Date of Birth	Birth Place	Full Name of Mother		Name of Father	
August 27, 1898	Shelley, Idaho	Full Name of Mother Weber County, Utah		Name of Father		August 27, 1898	Shelly, Idaho Bingham County	Mary Ann Phillips		Edson Nephi Stewart		August 27, 1898	Idaho	UNITED BENEFIT LIFE INSURANCE CO.		Jan 15, 1946	
Class* <u>B</u>						Class <u>B</u>						Class <u>B</u>					

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by bw <u>Betty Waller</u>	Date Filed <u>August 12, 1955</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-802
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth EDNA WALDRON			2. Date (month) (day) (year) Of Birth Nov. 13 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Bannock	b. City or Town of Birth Montpelier	
FATHER	6. Full Name of Father James W. Waldron			7. State or Country of Father's Birth Pennsylvania	
MOTHER	8. Full Maiden Name of Mother Kathleen McDuffy			9. State or Country of Mother's Birth Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Edna W. Waldron</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>September 1 1955</i>			11. Present Address of Registrant 12. Signature of Notary <i>Paula L. Henson</i>	
			13. Notary Commission expires <i>Oct 23 1956</i>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Family Bible Record		By whom issued and signed viewed by this office entries by Josephine Hager	Date issued	Date Orig. Entry near time of birth
	Date of Birth 11/13/1898	Birth Place Montpelier, Ida.	Full Name of Mother (Sister) Kathleen McDuffee	Name of Father James Waldron	
SUPPORTING RECORD 2.	Type of Document Certificate of Baptism		By whom issued and signed L.D.S. Church	Date issued	Date Orig. Entry May 5, 1935
	Date of Birth Nov. 13, 1898	Birth Place Montpelier, Ida.	Full Name of Mother Kathleen McDuffy	Name of Father James W. Waldron	
SUPPORTING RECORD 3.	Type of Document Marriage Certificate		By whom issued and signed Ada County Recorder	Date issued	Date Orig. Entry 9/25/46
	Date of Birth 17 yrs. old	Birth Place Montpelier, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by jh Joanne Hallstrom	Date Filed 9/1/55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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SEP 1 1955
MAY 3 1961

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REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Sarah Lavina Drury,</u>				2. Date (month) (day) (year) Of Birth <u>Oct. 10, 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Fem.</u>	5. Place of Birth a. County <u>Latah</u>		b. City or Town of Birth <u>Kendrick</u>	
FATHER	6. Full Name of Father <u>George Edward Drury</u>				7. State or Country of Father's Birth <u>Mankato, Wisconsin, USA.</u>	
MOTHER	8. Full Maiden Name of Mother <u>Lillie Mable Harrison</u>				9. State or Country of Mother's Birth <u>Kansas, USA.</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Sarah P. Bogar</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Aug. 17, 1955</u>				11. Present Address of Registrant <u>E. 324 Montgomery Ave., Spokane, Washington</u>	
					12. Signature of Notary <u>[Signature]</u>	
				13. Notary Commission expires <u>Jan. 29, 1958</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>insurance application</u>		By whom issued and signed <u>MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION</u>		Date issued <u>June 9, 1944</u>
	Date of Birth <u>October 10, 1898</u>	Birth Place <u>Idaho</u>	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document <u>hospitalization record</u>		By whom issued and signed <u>SACRED HEART HOSPITAL Spokane 4, Washington</u>		Date issued <u>8-29-55</u>
	Date of Birth <u>October 10, 38 years old</u>	Birth Place	Full Name of Mother <u>Lilly Harrison</u>		Date Orig. Entry <u>June 8-9-1937</u>
SUPPORTING RECORD 3.	Type of Document <u>affidavit by cousin</u>		By whom issued and signed <u>John G. Drury</u>		Date issued <u>8-18-55</u>
	Date of Birth <u>October 10, 1898</u>	Birth Place <u>Kendrick, Idaho</u>	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Betty Waller</u>	Date Filed <u>Sept. 2, 1955</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH

Date of Birth: 1938 State of Birth: Washington County of Birth: King City of Birth: Seattle Name of Father: [illegible] Name of Mother: [illegible]	Date of Death: [illegible] State of Death: [illegible] County of Death: [illegible] City of Death: [illegible] Name of Father: [illegible] Name of Mother: [illegible]
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Date of Birth: 1938 State of Birth: Washington County of Birth: King City of Birth: Seattle Name of Father: [illegible] Name of Mother: [illegible]	Date of Death: [illegible] State of Death: [illegible] County of Death: [illegible] City of Death: [illegible] Name of Father: [illegible] Name of Mother: [illegible]
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Date of Birth: 1938 State of Birth: Washington County of Birth: King City of Birth: Seattle Name of Father: [illegible] Name of Mother: [illegible]	Date of Death: [illegible] State of Death: [illegible] County of Death: [illegible] City of Death: [illegible] Name of Father: [illegible] Name of Mother: [illegible]
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-825
Local Reg. No. _____
Reg. Dist. No. _____

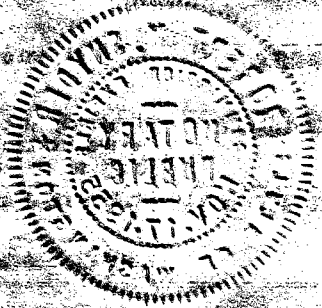
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Eunice Irine Neville				2. Date (month) (day) (year) Of Birth October 8 1898	
	3. Color or Race white	4. Sex female	5. Place of Birth Idaho	a. County Gooding	b. City or Town of Birth Hagerman	
FATHER	6. Full Name of Father Henry Wayne Neville				7. State or Country of Father's Birth Missouri	
MOTHER	8. Full Maiden Name of Mother Ella May Johnson				9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Eunice Irene Neville	
NOTARY (Seal)	Subscribed and sworn to before me on September 7 1955				11. Present Address of Registrant 5923-47th S.W. Seattle Wn.	
					12. Signature of Notary Robert N. Snyder	
				13. Notary Commission expires Nov. 17 1955		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1- Class <u>A</u>	Type of Document Bible Record		By whom issued and signed family Bible viewed by Notary Public, Robert N. Snyder, State of Washington		Date issued 7-14-55
	Date of Birth October 8, 1898	Birth Place	Full Name of Mother Ella Johnson		Name of Father Wayne Neville
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document affidavit by mother		By whom issued and signed Ella Johnson Neville		Date issued 7-14-55
	Date of Birth October 8, 1898	Birth Place Hagerman, Idaho	Full Name of Mother Ella Johnson		Name of Father Wayne Neville
SUPPORTING RECORD 3- Class _____	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar E. J. Benson	Evidence reviewed by bw Betty Waller	Date Filed Sept. 12, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 18 1955



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-835
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth JOHN HENRY BONNER				2. Date (month) (day) (year) Of Birth September 11 1898	
	3. Color or Race white	4. Sex male	5. Place of Birth Idaho	a. County Idaho	b. City or Town of Birth Keuterville	
FATHER	6. Full Name of Father John Arthur Bonner				7. State or Country of Father's Birth Pennsylvania	
MOTHER	8. Full Maiden Name of Mother Carrie M. Beecher				9. State or Country of Mother's Birth Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>J.H. Bonner</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>September 10 1955</u>				11. Present Address of Registrant <u>Orangeville Idaho, Bor. 176</u>	
	12. Signature of Notary <i>A. Webb</i>				13. Notary Commission expires <u>April 1 1958</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document school record		By whom issued and signed Independent School Dist. Nez Perce Co. Lewiston		Date issued #1 2-9-55
	Date of Birth September 11, 1898	Birth Place Idaho	Full Name of Mother Carrie M. Bonner		Date Orig. Entry school year Jan 2, 1914
SUPPORTING RECORD 2.	Type of Document census record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census		Date issued 3-5-55
	Date of Birth September 1898 (1 year old)	Birth Place Idaho	Full Name of Mother Carrie M. Bonner		Date Orig. Entry Census of 1900 June 1
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. Benson</i>		Evidence reviewed by bw Betty Waller		Date Filed Sept. 14, 1955

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF IOWA

SEP 14 1955

DATE OF BIRTH
11 September 11 1911

Place of Birth
Hennepin County, Minnesota
State of Minnesota

Parents

Parents Address at Birth
11 Hennepin County, Minnesota

DATE OF DEATH

DATE OF DEATH
11 September 11 1911

DATE OF DEATH
11 September 11 1911

DATE OF DEATH
11 September 11 1911

DATE OF DEATH
11 September 11 1911

DATE OF DEATH
11 September 11 1911

DATE OF DEATH
11 September 11 1911

DATE OF DEATH
11 September 11 1911



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-840

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth OSCAR KILBORN					2. Date (month) (day) (year) Of Birth March 11th 1898		
	3. Color or Race white	4. Sex male	5. Place of Birth Idaho	a. County Washington	b. City or Town of Birth Middle Valley Precinct			
FATHER	6. Full Name of Father Warren Kilborn					7. State or Country of Father's Birth Oregon		
MOTHER	8. Full Maiden Name of Mother Hanna Hallstrom					9. State or Country of Mother's Birth Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant Oscar Kilborn		11. Present Address of Registrant 21 Box 293 McCalla Ore
NOTARY (Seal)	Subscribed and sworn to before me on Sept 15 1955					12. Signature of Notary Mary K. Quinn		13. Notary Commission expires 5/19/56 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

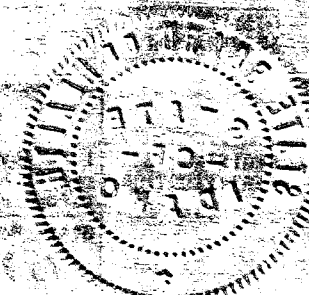
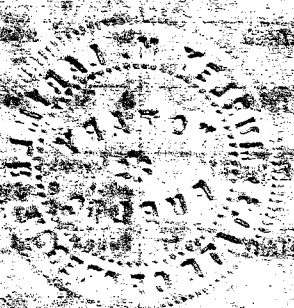
SUPPORTING RECORD 1.	Type of Document school record		By whom issued and signed PORTLAND PUBLIC SCHOOLS Portland, Oregon		Date issued 2-9-55	Date Orig. Entry February, 1910
	Date of Birth 11 years old	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document census record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census		Date issued 4-8-55	Date Orig. Entry Census of 1900 June 1
	Date of Birth March, 1898 2 years old Idaho	Birth Place	Full Name of Mother Hanna Kilborn		Name of Father Warren Kilborn	
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar L. I. Benson	Evidence reviewed by Betty Waller	Date Filed SEP 19 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SEP 20 1957



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-880
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Harvey Andrew Yates</u>					2. Date (month) (day) (year) Of Birth <u>April 1st 1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth <u>Pocatello, Idaho</u>		a. County	b. City or Town of Birth <u>Pocatello Idaho</u>		
FATHER	6. Full Name of Father <u>Ned Yates</u>					7. State or Country of Father's Birth <u>Unknown</u>		
MOTHER	8. Full Maiden Name of Mother <u>Rosa Jewett</u>					9. State or Country of Mother's Birth <u>Unknown</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Harvey A. Yates</u>		
NOTARY (Seal)	Subscribed and sworn to before me on September 30, 1955 19					11. Present Address of Registrant 427 Dakota - Helena		
	12. Signature of Notary <u>Euphine Kovacic</u>					13. Notary Commission expires July 19, 1958 19		

APPLICANT - DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <u>marriage license</u>		By whom issued and signed <u>STATE OF MONTANA #9729</u> <u>County of Lewis and Clark</u>		Date issued <u>9-30-55</u>	Date Orig. Entry <u>June 3, 1924</u>	
	Date of Birth <u>26 years old</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother <u>Rose Jewett</u>		Name of Father <u>Ned Yates</u>		
SUPPORTING RECORD 2.	Type of Document <u>voter's registration</u>		By whom issued and signed <u>STATE OF MONTANA</u> <u>County of Lewis & Clark</u>		Date issued <u>2-24-44</u>	Date Orig. Entry <u>February 1, 1938</u>	
	Date of Birth <u>39 years old</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother		Name of Father		
SUPPORTING RECORD 3.	Type of Document <u>application Social Security</u>		By whom issued and signed <u>TREASURY DEPARTMENT</u> <u>Internal Revenue Service</u>		Date issued	Date Orig. Entry <u>November 25, 1936</u>	
	Date of Birth <u>April 1, 1898</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother <u>Rosa Jewett</u>		Name of Father		
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)							
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			State Registrar <u>W. W. Benson</u>			Evidence reviewed by <u>Betty Waller</u>	
						Date Filed <u>October 5, 1955</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

OCT 8 1955

7-4-83 1983 JUL 4 10

A circular, serrated metal object, possibly a lid or a component of a machine, with a central hole and a small protrusion at the bottom. The object is heavily corroded and shows signs of wear. The serrations are sharp and pointed. The central hole is surrounded by a raised rim. The overall appearance is that of an old, weathered metal part.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth ETHELIRENE BOYD				2. Date (month) (day) (year) Of Birth JUNE 19 1898	
	3. Color or Race WHITE	4. Sex WOMAN	5. Place of Birth BOISE IDAHO	a. County ADA	b. City or Town of Birth JAN. 19 1872	
FATHER	6. Full Name of Father MARION THOMAS BOYD				7. State or Country of Father's Birth IOWA DEXTER	
MOTHER	8. Full Maiden Name of Mother JULIA ETTA LIETZKE				9. State or Country of Mother's Birth KANSAS BUTLER Co. KAAS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ethel Boyd Bacon</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb. 15 1955</i>				11. Present Address of Registrant MRS ETHEL BACON 2208 - 4 Broadway Spokane Wash.	
	12. Signature of Notary <i>Theron E. Roberts</i>				13. Notary Commission expires Dec. 15 1957	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document affidavit re school record		By whom issued and signed Boise Public Schools D. D. Beaumont, Super.		Date issued 4-11-55
	Date of Birth 9 years old	Birth Place	Full Name of Mother		Date Orig. Entry year 1907-08
Class* B	Name of Father				
SUPPORTING RECORD 2.	Type of Document Bible record		By whom issued and signed viewed by Dorothy Everest, Notary Public, Portland, Oregon		Date issued 10-5-55
	Date of Birth June 19, 1898	Birth Place	Full Name of Mother Julia Lietzke		Date Orig. Entry
Class A	Name of Father M. T. Boyd				
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
Class	Name of Father				

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by bw Betty Waller	Date Filed October 10, 1955

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

UNAWED CERTIFICATE OF BIRTH
STATE OF TEXAS

NOV 17 1900

State of Texas
County of ...
City of ...
I, the undersigned, Clerk of the County of ...
do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of ...

Witness my hand and the seal of the County of ...
this ... day of ...
1900

Signature of Registrar
[Signature]

NOTARY PUBLIC
[Signature]
My Comm. Expires ...

State of Texas
County of ...
City of ...
I, the undersigned, Clerk of the County of ...
do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of ...

Signature of Registrar
[Signature]

NOTARY PUBLIC
[Signature]
My Comm. Expires ...

State of Texas
County of ...
City of ...
I, the undersigned, Clerk of the County of ...
do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of ...

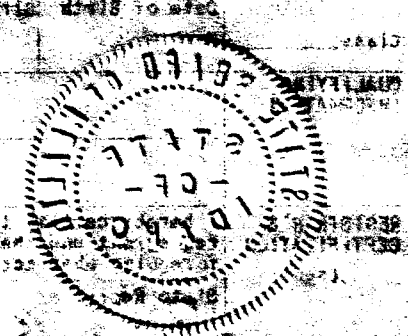
Signature of Registrar
[Signature]

NOTARY PUBLIC
[Signature]
My Comm. Expires ...

State of Texas
County of ...
City of ...
I, the undersigned, Clerk of the County of ...
do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of ...

Signature of Registrar
[Signature]

NOTARY PUBLIC
[Signature]
My Comm. Expires ...



Betty Walker

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Pearl Blanche Munn</u>				2. Date (month) (day) (year) Of Birth <u>September 26, 1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>F</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Bannock</u>	b. City or Town of Birth <u>Pocatello, Idaho</u>	
FATHER	6. Full Name of Father <u>Joshua Richard Munn</u>				7. State or Country of Father's Birth <u>Idaho</u>	
MOTHER	8. Full Maiden Name of Mother <u>Kattie Elizabeth Taylor</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Mrs. Porter Graves</i>	11. Present Address of Registrant <u>540 So. Hayes</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>Sept 15 1955</u>				12. Signature of Notary <i>Benjamin</i>	13. Notary Commission expires <u>2-6 1959</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document <u>Bible Record</u>		By whom issued and signed <u>photo-lith copy viewed by this office; Bible</u>		Date issued	Date Orig. Entry near time of birth	
	Date of Birth <u>September 26, 1898</u>	Birth Place	Full Name of Mother <u>published 1892</u>		Name of Father		
Class* <u>A</u>							
SUPPORTING RECORD 2.	Type of Document <u>insurance record</u>		By whom issued and signed <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		Date issued	Date Orig. Entry <u>ISSUED Aug. 1, 1942</u>	
	Date of Birth <u>44 years old next birthday</u>	Birth Place	Full Name of Mother		Name of Father		
Class <u>B</u>							
SUPPORTING RECORD 3.	Type of Document <u>affidavit by employee of registrant's father</u>		By whom issued and signed <u>Robert Crum</u>		Date issued <u>10-10-55</u>	Date Orig. Entry	
	Date of Birth <u>September 26, 1898</u>	Birth Place <u>Pocatello, Idaho</u>	Full Name of Mother <u>Kattie Munn</u>		Name of Father <u>Joshua R. Munn</u>		
Class <u>B</u>							
QUALIFYING INFORMATION							
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>V. B. ...</i>		Evidence reviewed by <u>bw Betty Waller</u>			Date Filed <u>November 16 1955</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De55-1019**
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Eggleston, Thomas Hubert				2. Date (month) (day) (year) Of Birth March 10 1898	
	3. Color or Race White	4. Sex Male	5. Place of Birth Hailey Idaho, Blaine	a. County Hailey, Idaho		
FATHER	6. Full Name of Father Eggleston, Hubert Oscar				7. State or Country of Father's Birth Illinois	
MOTHER	8. Full Maiden Name of Mother Mills, Lulu				9. State or Country of Mother's Birth Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant Thomas Hubert Eggleston	
NOTARY (Seal)	Subscribed and sworn to before me on September 19 1955				11. Present Address of Registrant 1542 Broadway Rd. San Marino, Calif	
	12. Signature of Notary DL Gandy				13. Notary Commission expires June 13, 1959 My Commission Expires June 13, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document insurance application		By whom issued and signed TRAVELERS INSURANCE CO. Hartford, Connecticut		Date issued January 23, 1939
	Date of Birth March 10, 1898	Birth Place Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document affidavit by aunt		By whom issued and signed Nellie H. Rigen		Date issued 9-14-55
	Date of Birth March 10, 1898	Birth Place Hailey, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document Social Security record		By whom issued and signed TREASURY DEPARTMENT INTERNAL REVENUE SERVICE		Date issued Dec. 5, 1936
	Date of Birth March 10 1898	Birth Place Hailey, Idaho	Full Name of Mother #555-09-0676 Lulu Mills		Name of Father Hubert O. Eggleston
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar Benson		Evidence reviewed by BW Betty Waller		Date Filed November 23 1955

[The page contains several lines of extremely faint, illegible text, likely bleed-through from the reverse side of the document.]

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<p>1. REPORTING OFFICER</p> <p>2. REPORTING OFFICE</p> <p>3. REPORTING DATE</p> <p>4. REPORTING TIME</p> <p>5. REPORTING LOCATION</p> <p>6. REPORTING METHOD</p> <p>7. REPORTING STATUS</p> <p>8. REPORTING TYPE</p> <p>9. REPORTING CATEGORY</p> <p>10. REPORTING SUBCATEGORY</p> <p>11. REPORTING PRIORITY</p> <p>12. REPORTING URGENCY</p> <p>13. REPORTING ACTION</p> <p>14. REPORTING COMMENTS</p> <p>15. REPORTING SIGNATURE</p> <p>16. REPORTING INITIALS</p> <p>17. REPORTING DATE</p> <p>18. REPORTING TIME</p> <p>19. REPORTING LOCATION</p> <p>20. REPORTING METHOD</p> <p>21. REPORTING STATUS</p> <p>22. REPORTING TYPE</p> <p>23. REPORTING CATEGORY</p> <p>24. REPORTING SUBCATEGORY</p> <p>25. REPORTING PRIORITY</p> <p>26. REPORTING URGENCY</p> <p>27. REPORTING ACTION</p> <p>28. REPORTING COMMENTS</p> <p>29. REPORTING SIGNATURE</p> <p>30. REPORTING INITIALS</p> <p>31. REPORTING DATE</p> <p>32. REPORTING TIME</p> <p>33. REPORTING LOCATION</p> <p>34. REPORTING METHOD</p> <p>35. REPORTING STATUS</p> <p>36. REPORTING TYPE</p> <p>37. REPORTING CATEGORY</p> <p>38. REPORTING SUBCATEGORY</p> <p>39. REPORTING PRIORITY</p> <p>40. REPORTING URGENCY</p> <p>41. REPORTING ACTION</p> <p>42. REPORTING COMMENTS</p> <p>43. REPORTING SIGNATURE</p> <p>44. REPORTING INITIALS</p> <p>45. REPORTING DATE</p> <p>46. REPORTING TIME</p> <p>47. REPORTING LOCATION</p> <p>48. REPORTING METHOD</p> <p>49. REPORTING STATUS</p> <p>50. REPORTING TYPE</p> <p>51. REPORTING CATEGORY</p> <p>52. REPORTING SUBCATEGORY</p> <p>53. REPORTING PRIORITY</p> <p>54. REPORTING URGENCY</p> <p>55. REPORTING ACTION</p> <p>56. REPORTING COMMENTS</p> <p>57. REPORTING SIGNATURE</p> <p>58. REPORTING INITIALS</p> <p>59. REPORTING DATE</p> <p>60. REPORTING TIME</p> <p>61. REPORTING LOCATION</p> <p>62. REPORTING METHOD</p> <p>63. REPORTING STATUS</p> <p>64. REPORTING TYPE</p> <p>65. REPORTING CATEGORY</p> <p>66. REPORTING SUBCATEGORY</p> <p>67. REPORTING PRIORITY</p> <p>68. REPORTING URGENCY</p> <p>69. REPORTING ACTION</p> <p>70. REPORTING COMMENTS</p> <p>71. REPORTING SIGNATURE</p> <p>72. REPORTING INITIALS</p> <p>73. REPORTING DATE</p> <p>74. REPORTING TIME</p> <p>75. REPORTING LOCATION</p> <p>76. REPORTING METHOD</p> <p>77. REPORTING STATUS</p> <p>78. REPORTING TYPE</p> <p>79. REPORTING CATEGORY</p> <p>80. REPORTING SUBCATEGORY</p> <p>81. REPORTING PRIORITY</p> <p>82. REPORTING URGENCY</p> <p>83. REPORTING ACTION</p> <p>84. REPORTING COMMENTS</p> <p>85. REPORTING SIGNATURE</p> <p>86. REPORTING INITIALS</p> <p>87. REPORTING DATE</p> <p>88. REPORTING TIME</p> <p>89. REPORTING LOCATION</p> <p>90. REPORTING METHOD</p> <p>91. REPORTING STATUS</p> <p>92. REPORTING TYPE</p> <p>93. REPORTING CATEGORY</p> <p>94. REPORTING SUBCATEGORY</p> <p>95. REPORTING PRIORITY</p> <p>96. REPORTING URGENCY</p> <p>97. REPORTING ACTION</p> <p>98. REPORTING COMMENTS</p> <p>99. REPORTING SIGNATURE</p> <p>100. REPORTING INITIALS</p> <p>101. REPORTING DATE</p> <p>102. REPORTING TIME</p> <p>103. REPORTING LOCATION</p> <p>104. REPORTING METHOD</p> <p>105. REPORTING STATUS</p> <p>106. REPORTING TYPE</p> <p>107. REPORTING CATEGORY</p> <p>108. REPORTING SUBCATEGORY</p> <p>109. REPORTING PRIORITY</p> <p>110. REPORTING URGENCY</p> <p>111. REPORTING ACTION</p> <p>112. REPORTING COMMENTS</p> <p>113. REPORTING SIGNATURE</p> <p>114. REPORTING INITIALS</p> <p>115. REPORTING DATE</p> <p>116. REPORTING TIME</p> <p>117. REPORTING LOCATION</p> <p>118. REPORTING METHOD</p> <p>119. REPORTING STATUS</p> <p>120. REPORTING TYPE</p> <p>121. REPORTING CATEGORY</p> <p>122. REPORTING SUBCATEGORY</p> <p>123. REPORTING PRIORITY</p> <p>124. REPORTING URGENCY</p> <p>125. REPORTING ACTION</p> <p>126. REPORTING COMMENTS</p> <p>127. REPORTING SIGNATURE</p> <p>128. REPORTING INITIALS</p> <p>129. REPORTING DATE</p> <p>130. REPORTING TIME</p> <p>131. REPORTING LOCATION</p> <p>132. REPORTING METHOD</p> <p>133. REPORTING STATUS</p> <p>134. REPORTING TYPE</p> <p>135. REPORTING CATEGORY</p> <p>136. REPORTING SUBCATEGORY</p> <p>137. REPORTING PRIORITY</p> <p>138. REPORTING URGENCY</p> <p>139. REPORTING ACTION</p> <p>140. REPORTING COMMENTS</p> <p>141. REPORTING SIGNATURE</p> <p>142. REPORTING INITIALS</p> <p>143. REPORTING DATE</p> <p>144. REPORTING TIME</p> <p>145. REPORTING LOCATION</p> <p>146. REPORTING METHOD</p> <p>147. REPORTING STATUS</p> <p>148. REPORTING TYPE</p> <p>149. REPORTING CATEGORY</p> <p>150. REPORTING SUBCATEGORY</p> <p>151. REPORTING PRIORITY</p> <p>152. REPORTING URGENCY</p> <p>153. REPORTING ACTION</p> <p>154. REPORTING COMMENTS</p> <p>155. REPORTING SIGNATURE</p> <p>156. REPORTING INITIALS</p> <p>157. REPORTING DATE</p> <p>158. REPORTING TIME</p> <p>159. REPORTING LOCATION</p> <p>160. REPORTING METHOD</p> <p>161. REPORTING STATUS</p> <p>162. REPORTING TYPE</p> <p>163. REPORTING CATEGORY</p> <p>164. REPORTING SUBCATEGORY</p> <p>165. REPORTING PRIORITY</p> <p>166. REPORTING URGENCY</p> <p>167. REPORTING ACTION</p> <p>168. REPORTING COMMENTS</p> <p>169. REPORTING SIGNATURE</p> <p>170. REPORTING INITIALS</p> <p>171. REPORTING DATE</p> <p>172. REPORTING TIME</p> <p>173. REPORTING LOCATION</p> <p>174. REPORTING METHOD</p> <p>175. REPORTING STATUS</p> <p>176. REPORTING TYPE</p> <p>177. REPORTING CATEGORY</p> <p>178. REPORTING SUBCATEGORY</p> <p>179. REPORTING PRIORITY</p> <p>180. REPORTING URGENCY</p> <p>181. REPORTING ACTION</p> <p>182. REPORTING COMMENTS</p> <p>183. REPORTING SIGNATURE</p> <p>184. REPORTING INITIALS</p> <p>185. REPORTING DATE</p> <p>186. REPORTING TIME</p> <p>187. REPORTING LOCATION</p> <p>188. REPORTING METHOD</p> <p>189. REPORTING STATUS</p> <p>190. REPORTING TYPE</p> <p>191. REPORTING CATEGORY</p> <p>192. REPORTING SUBCATEGORY</p> <p>193. REPORTING PRIORITY</p> <p>194. REPORTING URGENCY</p> <p>195. REPORTING ACTION</p> <p>196. REPORTING COMMENTS</p> <p>197. REPORTING SIGNATURE</p> <p>198. REPORTING INITIALS</p> <p>199. REPORTING DATE</p> <p>200. REPORTING TIME</p> <p>201. REPORTING LOCATION</p> <p>202. REPORTING METHOD</p> <p>203. REPORTING STATUS</p> <p>204. REPORTING TYPE</p> <p>205. REPORTING CATEGORY</p> <p>206. REPORTING SUBCATEGORY</p> <p>207. REPORTING PRIORITY</p> <p>208. REPORTING URGENCY</p> <p>209. REPORTING ACTION</p> <p>210. REPORTING COMMENTS</p> <p>211. REPORTING SIGNATURE</p> <p>212. REPORTING INITIALS</p> <p>213. REPORTING DATE</p> <p>214. REPORTING TIME</p> <p>215. REPORTING LOCATION</p> <p>216. REPORTING METHOD</p> <p>217. REPORTING STATUS</p> <p>218. REPORTING TYPE</p> <p>219. REPORTING CATEGORY</p> <p>220. REPORTING SUBCATEGORY</p> <p>221. REPORTING PRIORITY</p> <p>222. REPORTING URGENCY</p> <p>223. REPORTING ACTION</p> <p>224. REPORTING COMMENTS</p> <p>225. REPORTING SIGNATURE</p> <p>226. REPORTING INITIALS</p> <p>227. REPORTING DATE</p> <p>228. <</p>

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **D-55-1031**
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Inez Fay Dunaway</i>				2. Date (month) (day) (year) Of Birth <i>February 16 1898</i>	
	3. Color of Race <i>WHITE</i>	4. Sex <i>F</i>	5. Place of Birth <i>Idaho</i>		a. County <i>Nezperce</i>	
FATHER	6. Full Name of Father <i>Charles Edward Dunaway</i>				7. State or Country of Father's Birth <i>Missouri</i>	
MOTHER	8. Full Maiden Name of Mother <i>Lucy Megenity</i>				9. State or Country of Mother's Birth <i>Texas</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Inez F. Dunaway</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>November 25 1955</i>				11. Present Address of Registrant <i>1309 - 6th Ave., Tacoma, Wash.</i>	
					12. Signature of Notary <i>Mary Jane Sears</i>	
					13. Notary Commission expires <i>December 4 1956</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document census record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census		Date issued 10-28-55
	Date of Birth <i>February 1898</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Lucy Dunaway</i>		Date Orig. Entry Census of 1900, June 1
Class* <u>A</u>	2 years old				Name of Father <i>Charles E. Dunaway</i>
SUPPORTING RECORD 2.	Type of Document marriage return		By whom issued and signed State of Washington County of Whitman		Date issued June 18 1920
	Date of Birth <i>22 years old</i>	Birth Place <i>Idaho</i>	Full Name of Mother <i>Lucy Megenity</i>		Date Orig. Entry June 18 1920
Class <u>B</u>					Name of Father <i>Charles E. Dunaway</i>
SUPPORTING RECORD 3.	Type of Document daughter's birth certificate		By whom issued and signed WASHINGTON STATE BOARD OF HEALTH #439		Date issued 9-15-55
	Date of Birth <i>23 years old</i>	Birth Place <i>Idaho</i>	Full Name of Mother		Date Orig. Entry child born May 20, 1921
Class <u>B</u>					Name of Father
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by <i>Betty Waller</i>		Date Filed November 29 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF TEXAS
COUNTY OF DALLAS

[illegible][illegible]

[Faint circular stamp at top right]

RECEIVED
JAN 17 1968

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]

[Several lines of illegible teletype text follow, separated by horizontal lines.]

ADMINISTRATIVE PAGE TWO

JAN 17 1968

1. The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, regarding the land in question:

2. The land in question is located in the State of California, County of [redacted], and is situated within the [redacted] National Forest.

3. The land in question is owned by the United States of America, and is held in trust for the benefit of the people of the United States.

4. The land in question is subject to the provisions of the National Forest Management Act, and is managed in accordance with the National Forest Management Plan.

5. The land in question is not subject to the provisions of the National Antiquities Act, and is not designated as a National Monument.

6. The land in question is not subject to the provisions of the National Historic Preservation Act, and is not designated as a National Historic Site.

7. The land in question is not subject to the provisions of the National Wetlands Act, and is not designated as a National Wetland.

8. The land in question is not subject to the provisions of the National Trails Act, and is not designated as a National Trail.

9. The land in question is not subject to the provisions of the National System of Public Lands Act, and is not designated as a National System of Public Land.

10. The land in question is not subject to the provisions of the National System of Public Lands Act, and is not designated as a National System of Public Land.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1037
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Hugh Edward Hanson</u>				2. Date (month) (day) (year) Of Birth <u>November the 21st, 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth a. County <u>Grangeville, Idaho</u>		b. City or Town of Birth <u>Grangeville.</u>	
FATHER	6. Full Name of Father <u>Hugh Frederick Hanson,</u>				7. State or Country of Father's Birth <u>New Jersey</u>	
MOTHER	8. Full Maiden Name of Mother <u>Elmina Chase,</u>				9. State or Country of Mother's Birth <u>Oregon.</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Hugh E. Hanson</u>	11. Present Address of Registrant <u>Grangeville, Idaho.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>November the 5th 1955</u>				12. Signature of Notary <u>Hampton Taylor</u>	13. Notary Commission expires <u>March the 18th 1957.</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1-	Type of Document <u>court record settling estate of father</u>		By whom issued and signed <u>PROBATE COURT OF IDAHO CO State of Idaho</u>		Date issued <u>11-23-55</u>	Date Orig. Entry <u>filed Feb. 21, 1904</u>
	Date of Birth <u>5 years old</u>	Birth Place <u></u>	Full Name of Mother <u>M. Elmina Hanson</u>		Name of Father <u>H. F. Hanson</u>	
SUPPORTING RECORD 2-	Type of Document <u>military record</u>		By whom issued and signed <u>UNITED STATES NAVAL RESERVE FORCE</u>		Date issued <u>11-22-55</u>	Date Orig. Entry <u>discharged April 8, 1919</u>
	Date of Birth <u>November 21, 1898</u>	Birth Place <u>Grangeville Idaho</u>	Full Name of Mother <u></u>		Name of Father <u></u>	
SUPPORTING RECORD 3-	Type of Document <u>affidavit by uncle</u>		By whom issued and signed <u>William G. Hanson</u>		Date issued <u>11-9-55</u>	Date Orig. Entry <u></u>
	Date of Birth <u>November 21, 1898</u>	Birth Place <u>Grangeville Idaho</u>	Full Name of Mother <u>Elmina Chase Hanson</u>		Name of Father <u>Hugh Frederick Hanson</u>	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <u>W. Benson</u>		Evidence reviewed by <u>Betty Waller</u>		Date Filed <u>Nov. 30, 1955</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

<p>1. Name of person 2. Date of birth 3. Date of death 4. Date of burial 5. Date of cremation 6. Date of interment 7. Date of exhumation 8. Date of reinterment 9. Date of removal 10. Date of return</p>	<p>1. Name of person 2. Date of birth 3. Date of death 4. Date of burial 5. Date of cremation 6. Date of interment 7. Date of exhumation 8. Date of reinterment 9. Date of removal 10. Date of return</p>	<p>1. Name of person 2. Date of birth 3. Date of death 4. Date of burial 5. Date of cremation 6. Date of interment 7. Date of exhumation 8. Date of reinterment 9. Date of removal 10. Date of return</p>	<p>1. Name of person 2. Date of birth 3. Date of death 4. Date of burial 5. Date of cremation 6. Date of interment 7. Date of exhumation 8. Date of reinterment 9. Date of removal 10. Date of return</p>
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De55-1073**
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Elizabeth Josephine Deobald				2. Date (month) (day) (year) Of Birth Oct. 17 1898		
	3. Color or Race white	4. Sex female	5. Place of Birth a. County Kendrick, Latah		b. City or Town of Birth Kendrick		
FATHER	6. Full Name of Father Charles Deobald,				7. State or Country of Father's Birth New York, Castleton Co.		
MOTHER	8. Full Maiden Name of Mother Mary Ann Ameling				9. State or Country of Mother's Birth Nebraska, Nebraska City.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Elizabeth Josephine Deobald</i>		
NOTARY (Seal)	Subscribed and sworn to before me on 12/5 19 55				11. Present Address of Registrant <i>Julietta Idaho</i>		
	12. Signature of Notary <i>J. W. Log</i>				13. Notary Commission expires Jan 27 1955		

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document application for insurance		By whom issued and signed WESTERN UNION LIFE INSURANCE COMPANY #36760	Date issued	Date Orig. Entry October 8 1919
	Date of Birth October 17, 1898	Birth Place Kendrick, Idaho Latah County	Full Name of Mother Mary Ann Deobald	Name of Father	
SUPPORTING RECORD 2.	Type of Document census record		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census	Date issued 4-12-51	Date Orig. Entry Census of 1900, June 1
	Date of Birth October 1, 1898	Birth Place Idaho	Full Name of Mother Mary Debold	Name of Father Charles Debold	
SUPPORTING RECORD 3.	Type of Document school record census Marshall's Report		By whom issued and signed Kendrick Public Schools Kendrick, Idaho	Date issued 2-19-52	Date Orig. Entry school year 1908
	Date of Birth 9 years old	Birth Place	Full Name of Mother	Name of Father	

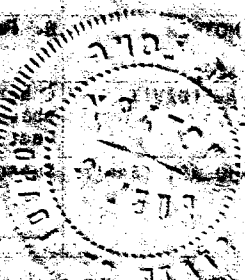
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by Betty Waller	Date Filed December 9 1955

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF INDIANA DELAYED CERTIFICATE OF BIRTH

State of Indiana
 Department of Health
 Bureau of Vital Statistics
 Indianapolis, Indiana

1. Name of child at birth		2. Date of birth	
3. Sex of child		4. Place of birth	
5. State or County of father's birth		6. State or County of mother's birth	
7. Name of father		8. Name of mother	
9. Address of father at time of birth		10. Address of mother at time of birth	
11. Name of physician or midwife		12. Name of hospital or institution	
13. Name of registrar		14. Name of informant	
15. Signature of registrar		16. Signature of informant	
17. Date of registration		18. Date of filing	



19. Name of father		20. Name of mother	
21. Address of father		22. Address of mother	
23. Date of birth		24. Date of registration	
25. Name of registrar		26. Name of informant	
27. Signature of registrar		28. Signature of informant	
29. Date of registration		30. Date of filing	

31. Name of father		32. Name of mother	
33. Address of father		34. Address of mother	
35. Date of birth		36. Date of registration	
37. Name of registrar		38. Name of informant	
39. Signature of registrar		40. Signature of informant	
41. Date of registration		42. Date of filing	

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Jay Richard Williams			2. Date (month) (day) (year) Of Birth August 8 1898	
	3. Color or Race white	4. Sex male	5. Place of Birth Latah County	a. County b. City or Town of Birth Joel, formerly Cornwall	
FATHER	6. Full Name of Father Frank Charles Williams			7. State or Country of Father's Birth Iowa	
MOTHER	8. Full Maiden Name of Mother Ida Jeanetta Olson			9. State or Country of Mother's Birth South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Jay R Williams</i>	
NOTARY (Seal)	Subscribed and sworn to before me on December 13 1955			11. Present Address of Registrant Rt. 1 Box 218 Eagle Point, Oregon	
				12. Signature of Notary <i>Leland Knop</i>	
				13. Notary Commission expires Feb. 6, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document EMPLOYMENT RECORD		By whom issued and signed SOUTHERN PACIFIC COMPANY 65 Market Street, San Francisco		Date issued December 11 1940
	Date of Birth August 8 1898	Birth Place Moscow, Idaho	Full Name of Mother Ida Olson		Name of Father Frank Charles Williams
SUPPORTING RECORD 2.	Type of Document Designation or Change of Beneficiary Form AA-11		By whom issued and signed RAILROAD RETIREMENT BOARD Washington, D.C.		Date issued April 4 1939
	Date of Birth August 8 1898	Birth Place	Full Name of Mother		Name of Father
SUPPORTING RECORD 3.	Type of Document affidavit by aunt		By whom issued and signed ALICE MAY LA MASTER		Date issued 11-29-55
	Date of Birth August 8 1898	Birth Place Joel, Idaho Latah County	Full Name of Mother Ida Jeanetta Olson		Name of Father Frank C. Williams
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W W Benson</i>		Evidence reviewed by Betty Waller		Date Filed December 19 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

UNITED STATES OF AMERICA

RECEIVED
FBI
JAN 10 1964

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]

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2. [Illegible]
3. [Illegible]

4. [Illegible]
5. [Illegible]
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

753-221-021-731

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth EVA LAONA PECK				2. Date (month) (day) (year) Of Birth Sept 21 1898	
	3. Color or Race White	4. Sex FEMALE	5. Place of Birth FAIRVIEW Ida		b. City or Town of Birth FAIRVIEW Idaho	
FATHER	6. Full Name of Father ARTHUR VAN ARDEN PECK				7. State or Country of Father's Birth SALT LAKE CITY - UTAH	
MOTHER	8. Full Maiden Name of Mother MARY EVELINE GLAZIER				9. State or Country of Mother's Birth PROVO UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Eva Laona Powell</i>	
NOTARY (Seal)	Subscribed and sworn to before me on Nov 7 1955				11. Present Address of Registrant 2193 E. Elizabeth Blvd	
	12. Signature of Notary <i>Jay M. Merrill</i>				13. Notary Commission expires June 14 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document #518 - 14 - 8448 Social Security record		By whom issued and signed TREASURY DEPARTMENT Internal Revenue Service		Date issued	Date Orig. Entry June 4 1938
	Date of Birth September 21, 1898	Birth Place Fairview, Idaho	Full Name of Mother Mary Eveline Glazier		Name of Father Arthur Van Arden Peck	
SUPPORTING RECORD 2-	Type of Document insurance application		By whom issued and signed GEM STATE MUTUAL LIFE ASSO., INC. Pocatello		Date issued	Date Orig. Entry October 6 1948
	Date of Birth September 21, 1898	Birth Place Fairview, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3-	Type of Document AFFIDAVIT BY OLDER SISTER		By whom issued and signed MARGARET E. FOWLER Ogden, Utah		Date issued 11-30-55	Date Orig. Entry
	Date of Birth September 21, 1898	Birth Place Fairview, Idaho	Full Name of Mother Mary E. Glazier Peck		Name of Father Arthur Van Arden Peck	

QUALIFYING INFORMATION	

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	State Registrar <i>W. L. Benson</i>	Evidence reviewed by bw Betty Waller
	Date Filed December 19, 1955	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-027
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Naomi Eldora Coyne</u>				2. Date (month) (day) (year) Of Birth <u>April 9 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Pocatello Bannock</u>	a. County <u>Pocatello Idaho</u>	b. City or Town of Birth <u>Pocatello Idaho</u>	
FATHER	6. Full Name of Father <u>John Henry Coyne</u>				7. State or Country of Father's Birth <u>Kansas</u>	
MOTHER	8. Full Maiden Name of Mother <u>Sarah Alameda Southworth</u>				9. State or Country of Mother's Birth <u>Utah</u>	
AFFIDAVIT SH	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Naomi Eldora Cambridge</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>Dec. 12 1955</u>				11. Present Address of Registrant <u>227 Monticello St.</u>	
	12. Signature of Notary <u>Margaret E. Steil</u>				13. Notary Commission expires <u>October 9 1959</u>	

SUPPORTING RECORD 1- Class <u>B</u>		Type of Document <u>affidavit by aunt</u>		By whom issued and signed <u>Emma Irene B. John</u>		Date issued <u>10-1-55</u>		Date Orig. Entry	
SUPPORTING RECORD 2- Class <u>B</u>		Type of Document <u>daughter's birth certificate</u>		By whom issued and signed <u>STATE OF WASHINGTON</u>		Date issued <u>5-5-42</u>		Date Orig. Entry <u>child born June 1, 1919</u>	
SUPPORTING RECORD 3- Class <u>B</u>		Type of Document <u>METROPOLITAN LIFE INSURANCE COMPANY application</u>		By whom issued and signed <u>METROPOLITAN LIFE INSURANCE CO. #10-113-843 A</u>		Date issued <u>1-3-56</u>		Date Orig. Entry <u>February 15 1944</u>	
QUALIFYING INFORMATION		Date of Birth <u>April 9 1898</u>		Birth Place <u>Pocatello Idaho</u>		Full Name of Mother <u>Sarah Alameda/Coyne</u>		Name of Father <u>John H. Coyne</u>	
REGISTRAR'S CERTIFICATION (seal)		I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				State Registrar <u>W. J. Benson</u>		Evidence reviewed by <u>Betty Waller</u>	
						Date Filed <u>January 10 1956</u>			

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

JAN 10 1956



Name of Child		Sex		Date of Birth	
Place of Birth		Hospital		Physician	
Maiden Name of Mother		Age of Mother		Color of Child	
Weight of Child		Length of Child		Head Circumference	
Birth Weight		Birth Length		Birth Head Circumference	
Apgar 1		Apgar 5		Remarks	
Signature of Registrar		Signature of Physician		Signature of Mother	
Date of Registration		Place of Registration		City and State	

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-055
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth PHILIP PFEUFER				2. Date (month) (day) (year) Of Birth MARCH 20 1898	
	3. Color or Race WHITE	4. Sex MALE	5. Place of Birth IDAHO		6. City or Town of Birth GRANGEVILLE	
FATHER	6. Full Name of Father JOSEPH PFEUFER				7. State or Country of Father's Birth TEXAS (COMFORT)	
MOTHER	8. Full Maiden Name of Mother BARBARA LOUISE WUNDER				9. State or Country of Mother's Birth MINNESOTA (ST. PAUL)	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Philip P. Pfeufer</i>	
NOTARY (Seal)	Subscribed and sworn to before me on January 12 1956				11. Present Address of Registrant 4235 SE. MILWAUKEE AVE. PORTLAND 2 OREGON	
					12. Signature of Notary <i>J. R. Ringlofen</i>	
					13. Notary Commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Jan 19, 1957	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document STATEMENT RE EMPLOYMENT RECORD		By whom issued and signed SOUTHERN PACIFIC COMPANY STORES DEPT. Leo Keller,	Date issued 1-10-56	Date Orig. Entry record taken July 2, 1925
	Date of Birth March 20 1898	Birth Place Grangeville Idaho	Full Name of Mother Store Clerk Brooklyn, Oregon	Name of Father	
SUPPORTING RECORD 2-	Type of Document CHURCH RECORD		By whom issued and signed S.S. PETER AND PAUL CHURCH Grangeville, Idaho	Date issued 5.22-40	Date Orig. Entry baptized December 23, 1905
	Date of Birth March 20 1898	Birth Place	Full Name of Mother Barbara L. Wonder	Name of Father Joseph Pfeufer	
SUPPORTING RECORD 3-	Type of Document STATEMENT RE NEWSPAPER NOTICE OF BIRTH		By whom issued and signed IDAHO COUNTY FREE PRESS Grangeville, Idaho	Date issued 11-12-55	Date Orig. Entry March 26 1898
	Date of Birth March 20 1898	Birth Place Grangeville Idaho	Full Name of Mother	Name of Father Joseph Pfeufer	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar <i>W. W. Benson</i>	Evidence reviewed by Betty Waller	Date Filed January 16 1956
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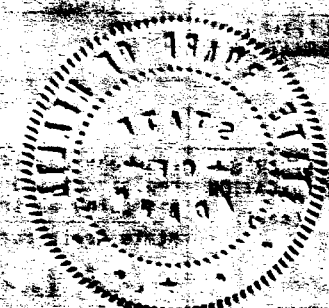
*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELETED CERTIFICATE OF BIRTH

STATE OF TEXAS

FEB 6 1958

FEB 12 1958



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-076
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Edgar De Meyer</u>				2. Date (month) (day) (year) Of Birth <u>April 10 1898</u>	
	3. Color of Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Add</u>	b. City or Town of Birth <u>Boise</u>	
FATHER	6. Full Name of Father <u>Edward De Meyer</u>				7. State or Country of Father's Birth <u>Belgium</u>	
MOTHER	8. Full Maiden Name of Mother <u>Emma Gervert</u>				9. State or Country of Mother's Birth <u>Belgium</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Edgar De Meyer</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 24 1956</u>				11. Present Address of Registrant <u>4123 Fairview Park Ave.</u>	
					12. Signature of Notary <u>[Signature]</u>	
					13. Notary Commission expires <u>Nov 24, 1959</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Child's birth Certificate</u>		By whom issued and signed <u>Bureau of Vital Statistics</u>		Date issued <u>Jan. 5, 1928</u>
	Date of Birth <u>April 10, 1898</u>	Birth Place <u>Idaho</u>	On File in Idaho # <u>158345</u>		Date Orig. Entry <u>Jan. 5, 1928</u>
Class* <u>B</u>			Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document <u>Family Bible Record</u>		By whom issued and signed <u>Bureau of Vital Statistics</u>		Date issued <u>Near time of birth.</u>
	Date of Birth <u>April 10, 1898</u>	Birth Place <u>Idaho</u>	Record Viewed by this office.		Date Orig. Entry <u>Obviously old record.</u>
Class <u>A</u>			Full Name of Mother <u>Emma De Meyer</u>		Name of Father <u>Edward De Meyer</u>
SUPPORTING RECORD 3.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>K. F. Rowe, Pastor</u>		Date issued <u>Apr. 23, 1898</u>
	Date of Birth <u>April 10, 1898</u>	Birth Place <u>Idaho</u>	St. John's Cathedral—Boise, Ida.		Date Orig. Entry <u>April 23, 1898</u>
Class <u>B</u>			Full Name of Mother <u>Emma Gervert</u>		Name of Father <u>Edward De Meyer</u>

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>Verna Reisch</u>	Date Filed <u>January 24, 1956</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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CONFIDENTIAL

THE

REF ID: A61115

Class B records are those made after the 1950s but before 1960. Class A records are those made in 1960 or later.

It is hereby certified that no error has been found in Law Division of Elmer Stutzman at this

1919-1920 1921-1922 1923-1924 1925-1926 1927-1928 1929-1930 1931-1932 1933-1934 1935-1936 1937-1938 1939-1940 1941-1942 1943-1944 1945-1946 1947-1948 1949-1950 1951-1952 1953-1954 1955-1956 1957-1958 1959-1960 1961-1962 1963-1964 1965-1966 1967-1968 1969-1970 1971-1972 1973-1974 1975-1976 1977-1978 1979-1980 1981-1982 1983-1984 1985-1986 1987-1988 1989-1990 1991-1992 1993-1994 1995-1996 1997-1998 1999-2000 2001-2002 2003-2004 2005-2006 2007-2008 2009-2010 2011-2012 2013-2014 2015-2016 2017-2018 2019-2020 2021-2022 2023-2024 2025-2026 2027-2028 2029-2030 2031-2032 2033-2034 2035-2036 2037-2038 2039-2040 2041-2042 2043-2044 2045-2046 2047-2048 2049-2050 2051-2052 2053-2054 2055-2056 2057-2058 2059-2060 2061-2062 2063-2064 2065-2066 2067-2068 2069-2070 2071-2072 2073-2074 2075-2076 2077-2078 2079-2080 2081-2082 2083-2084 2085-2086 2087-2088 2089-2090 2091-2092 2093-2094 2095-2096 2097-2098 2099-2100 2101-2102 2103-2104 2105-2106 2107-2108 2109-2110 2111-2112 2113-2114 2115-2116 2117-2118 2119-2120 2121-2122 2123-2124 2125-2126 2127-2128 2129-2130 2131-2132 2133-2134 2135-2136 2137-2138 2139-2140 2141-2142 2143-2144 2145-2146 2147-2148 2149-2150 2151-2152 2153-2154 2155-2156 2157-2158 2159-2160 2161-2162 2163-2164 2165-2166 2167-2168 2169-2170 2171-2172 2173-2174 2175-2176 2177-2178 2179-2180 2181-2182 2183-2184 2185-2186 2187-2188 2189-2190 2191-2192 2193-2194 2195-2196 2197-2198 2199-2200 2201-2202 2203-2204 2205-2206 2207-2208 2209-2210 2211-2212 2213-2214 2215-2216 2217-2218 2219-2220 2221-2222 2223-2224 2225-2226 2227-2228 2229-2230 2231-2232 2233-2234 2235-2236 2237-2238 2239-2240 2241-2242 2243-2244 2245-2246 2247-2248 2249-2250 2251-2252 2253-2254 2255-2256 2257-2258 2259-2260 2261-2262 2263-2264 2265-2266 2267-2268 2269-2270 2271-2272 2273-2274 2275-2276 2277-2278 2279-2280 2281-2282 2283-2284 2285-2286 2287-2288 2289-2290 2291-2292 2293-2294 2295-2296 2297-2298 2299-2300 2301-2302 2303-2304 2305-2306 2307-2308 2309-2310 2311-2312 2313-2314 2315-2316 2317-2318 2319-2320 2321-2322 2323-2324 2325-2326 2327-2328 2329-2330 2331-2332 2333-2334 2335-2336 2337-2338 2339-2340 2341-2342 2343-2344 2345-2346 2347-2348 2349-2350 2351-2352 2353-2354 2355-2356 2357-2358 2359-2360 2361-2362 2363-2364 2365-2366 2367-2368 2369-2370 2371-2372 2373-2374 2375-2376 2377-2378 2379-2380 2381-2382 2383-2384 2385-2386 2387-2388 2389-2390 2391-2392 2393-2394 2395-2396 2397-2398 2399-2400 2401-2402 2403-2404 2405-2406 2407-2408 2409-2410 2411-2412 2413-2414 2415-2416 2417-2418 2419-2420 2421-2422 2423-2424 2425-2426 2427-2428 2429-2430 2431-2432 2433-2434 2435-2436 2437-2438 2439-2440 2441-2442 2443-2444 2445-2446 2447-2448 2449-2450 2451-2452 2453-2454 2455-2456 2457-2458 2459-2460 2461-2462 2463-2464 2465-2466 2467-2468 2469-2470 2471-2472 2473-2474 2475-2476 2477-2478 2479-2480 2481-2482 2483-2484 2485-2486 2487-2488 2489-2490 2491-2492 2493-2494 2495-2496 2497-2498 2499-2500 2501-2502 2503-2504 2505-2506 2507-2508 2509-2510 2511-2512 2513-2514 2515-2516 2517-2518 2519-2520 2521-2522 2523-2524 2525-2526 2527-2528 2529-2530 2531-2532 2533-2534 2535-2536 2537-2538 2539-2540 2541-2542 2543-2544 2545-2546 2547-2548 2549-2550 2551-2552 2553-2554 2555-2556 2557-2558 2559-2560 2561-2562 2563-2564 2565-2566 2567-2568 2569-2570 2571-2572 2573-2574 2575-2576 2577-2578 2579-2580 2581-2582 2583-2584 2585-2586 2587-2588 2589-2590 2591-2592 2593-2594 2595-2596 2597-2598 2599-2600 2601-2602 2603-2604 2605-2606 2607-2608 2609-2610 2611-2612 2613-2614 2615-2616 2617-2618 2619-2620 2621-2622 2623-2624 2625-2626 2627-2628 2629-2630 2631-2632 2633-2634 2635-2636 2637-2638 2639-2640 2641-2642 2643-2644 2645-2646 2647-2648 2649-2650 2651-2652 2653-2654 2655-2656 2657-2658 2659-2660 2661-2662 2663-2664 2665-2666 2667-2668 2669-2670 2671-2672 2673-2674 2675-2676 2677-2678 2679-2680 2681-2682 2683-2684 2685-2686 2687-2688 2689-2690 2691-2692 2693-2694 2695-2696 2697-2698 2699-2700 2701-2702 2703-2704 2705-2706 2707-2708 2709-2710 2711-2712 2713-2714 2715-2716 2717-2718 2719-2720 2721-2722 2723-2724 2725-2726 2727-2728 2729-2730 2731-2732 2733-2734 2735-2736 2737

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[illegible]

DATE: 11/15/68

100-443887-100

SECRET

01-11-1964

(1984) (1983) (1982) (1981) (1980)

100-470414-20

CONFIDENTIAL

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-091
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Dessie May Reed		2. Date (month) (day) (year) Of Birth August 17 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth Washington	a. County Salubria
FATHER	6. Full Name of Father Charles Henry Reed		7. State or Country of Father's Birth Idaho	
MOTHER	8. Full Maiden Name of Mother Emma Hopper		9. State or Country of Mother's Birth Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>Dessie May Reed Shannon</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>January 25 1956</i>		11. Present Address of Registrant <i>Route 8 Granger, Wash</i>	
	12. Signature of Notary <i>Condon Chapman</i>		13. Notary Commission expires <i>9-9 1958</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE				
SUPPORTING RECORD 1.	Type of Document CENSUS RECORD		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census	Date issued 12-21-54
	Date of Birth August, 1898	Birth Place Idaho	Full Name of Mother Emma Reed	Date Orig. Entry Census of 1900 June 1
Class* A	1 year old		Name of Father Charles H. Reed	
SUPPORTING RECORD 2.	Type of Document ORIGINAL NEWSPAPER NOTICE		By whom issued and signed THE UPPER COUNTRY NEWS-REPORTER (files of the Salubria Citizen)	Date issued 2-19-54
	Date of Birth August, 1898	Birth Place Salubria Idaho	Full Name of Mother Charles Reed	Date Orig. Entry August 26, 1898
Class A			Name of Father Charles Reed	
SUPPORTING RECORD 3.	Type of Document CHURCH RECORD		By whom issued and signed ST. JOHN'S CATHEDRAL BOISE, IDAHO	Date issued
	Date of Birth August 17 1898	Birth Place	Full Name of Mother Emma Hopper	Date Orig. Entry baptized August 3, 1921
Class B			Name of Father Charles H. Reed	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar <i>W. Benson</i>		Evidence reviewed by Betty Waller	Date Filed February 2 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 3 1956

STATE OF TEXAS
BIRTH CERTIFICATE

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1896

State of Texas
County of Tarrant

State of Texas
County of Tarrant

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County of Tarrant



RECORD

INDEX

FILE

NOTIFICATION

REGISTRATION

NOTIFICATION

REGISTRATION

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-128
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Sarah Merkley</i>			2. Date (month) (day) (year) Of Birth <i>June 24 1898</i>		
	3. Color or Race <i>white</i>	4. Sex <i>female</i>	5. Place of Birth a. County <i>Bear Lake</i>	b. City or Town of Birth <i>Saint Charles</i>		
FATHER	6. Full Name of Father <i>Jacob Nathaniel Merkley</i>			7. State or Country of Father's Birth <i>Utah</i>		
MOTHER	8. Full Maiden Name of Mother <i>Theresa Annina Wilhelmsen</i>			9. State or Country of Mother's Birth <i>Utah</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Sarah Peterson</i>		11. Present Address of Registrant <i>RFD #3 Blackfoot, Idaho</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>Feb 4 1956</i>			12. Signature of Notary <i>St. Anderson</i>		13. Notary Commission expires <i>January 1st 1958</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE

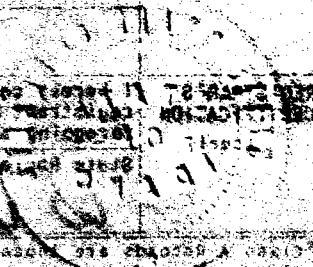
SUPPORTING RECORD 1.	Type of Document CHURCH RECORD		By whom issued and signed L.D.S. CHURCH		Date issued	Date Orig. Entry baptized Aug. 26, 1906
	Date of Birth <i>June 24 1898</i>	Birth Place <i>St. Charles, Idaho Bear Lake County</i>	Full Name of Mother <i>Anina T. Wilhelmsen</i>		Name of Father <i>Jacob N. Merkley</i>	
SUPPORTING RECORD 2.	Type of Document APPLICATION FOR INSURANCE		By whom issued and signed BENEFICIAL PROTECTIVE ASS'N Inc. Pocatello, Idaho		Date issued	Date Orig. Entry dated March 25, 1942
	Date of Birth <i>June 24 1898</i>	Birth Place <i>St. Charles Idaho</i>	Full Name of Mother <i>Theresa Anina Wilhelmsen</i>		Name of Father <i>Jacob Nathaniel Merkley</i>	
SUPPORTING RECORD 3.	Type of Document BIBLE RECORD		By whom issued and signed photo copy of record viewed by this office - Div. of Vital		Date issued	Date Orig. Entry
	Date of Birth <i>June 24 1898</i>	Birth Place <i>St. Charles Idaho</i>	Full Name of Mother Statistics <i>Theresa Anina Wilhelmsen</i>		Name of Father <i>Jacob Nathaniel Merkley</i>	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by <i>Betty Waller</i>	Date Filed <i>February 13 1956</i>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.



ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY THE FOLLOWING DATE AND AUTHORITY

DATE 08-09-2010 BY 60322 UCBAW/BJS/KSP

181-100-11118

100-443887-100

Class a records are those made after the date of the record and are classified as follows:

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-133
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Ora Marguerite Rogers				2. Date of Birth June 28 1898		
	3. Color or Race white	4. Sex F	5. Place of Birth Bingham		6. City or Town of Birth Blackfoot		
FATHER	6. Full Name of Father Walter E. Rogers				7. State or Country of Father's Birth Blackfoot, Idaho		
MOTHER	8. Full Maiden Name of Mother Caroline Forbes				9. State or Country of Mother's Birth Wasatch Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ora M. Rogers</i>		11. Present Address of Registrant 191 North Shillings Blackfoot
NOTARY (Seal)	Subscribed and sworn to before me on February 3, 1956		12. Signature of Notary <i>Jay H. Stout</i>		13. Notary Commission expires June 3, 1956		

APPLICANT DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1-	Type of Document CHURCH RECORD		By whom issued and signed ST. PAUL'S EPISCOPAL CHURCH Blackfoot, Idaho		Date issued 6-3-55	Date Orig. Entry baptized April 7, 1907	
	Date of Birth June 28 1898	Birth Place Blackfoot, Idaho	Full Name of Mother C. M. Rogers		Name of Father W. A. Rogers		
SUPPORTING RECORD 2-	Type of Document STATEMENT RE SCHOOL RECORD		By whom issued and signed BINGHAM COUNTY Blackfoot, Idaho		Date issued 5-9-55	Date Orig. Entry Census report 1906-07 school year	
	Date of Birth 8 years old	Birth Place	Full Name of Mother Mrs. W. A. Rogers		Name of Father		
SUPPORTING RECORD 3-	Type of Document AFFIDAVIT BY AUNT		By whom issued and signed GERTRUDE PEHRSON Blackfoot, Idaho		Date issued 2-3-56	Date Orig. Entry	
	Date of Birth June 28 1898	Birth Place Blackfoot, Idaho	Full Name of Mother Caroline Rogers		Name of Father Walter E. Rogers		

QUALIFYING INFORMATION


REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>Betty Waller</i>	Evidence reviewed by Betty Waller	Date Filed February 13 1956

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-145
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth DUGALD STANLEY HOLSCRAW				2. Date (month) (day) (year) Of Birth July 31 1898	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Grangeville, Kamiah or Koonish		b. City or Town of Birth Grangeville, Kamiah or Koonish	
FATHER	6. Full Name of Father John Cling Holsclaw				7. State or Country of Father's Birth North Carolina, U. S. A.	
MOTHER	8. Full Maiden Name of Mother Abbie Jean Oliver				9. State or Country of Mother's Birth Ohio, U. S. A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Dugald Stanley Holsclaw</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 2</i> 19 <i>56</i>				11. Present Address of Registrant 1746 E. 5th Street, Tucson, Arizona.	
					12. Signature of Notary <i>San O. Jensen</i>	
					13. Notary Commission expires <i>June 23</i> 19 <i>56</i>	

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document SON'S BIRTH CERTIFICATE		By whom issued and signed ARIZONA STATE BOARD OF HEALTH		Date issued Nov. 25, 1934
	Date of Birth 36 years old	Birth Place Grangeville Idaho	Full Name of Mother Abbie Jean Oliver Holsclaw		Name of Father John Cling Holsclaw
SUPPORTING RECORD 2.	Type of Document AFFIDAVIT BY AUNT		By whom issued and signed OLLIE OLIVER HAYNES		Date issued 1-21-56
	Date of Birth July 31 1898	Birth Place Grangeville Idaho	Full Name of Mother Abbie Jean Oliver Holsclaw		Name of Father John Cling Holsclaw
SUPPORTING RECORD 3.	Type of Document MARRIAGE LICENSE		By whom issued and signed STATE OF CALIFORNIA		Date issued August 5, 1931
	Date of Birth 33 years old	Birth Place CITY & COUNTY OF SAN FRANCISCO	Full Name of Mother Parent: Mrs. A. J. Holsclaw		Name of Father birthplace: Grangeville, Idaho
QUALIFYING INFORMATION	APPLICATION FOR MUTUAL LIFE INSURANCE		issued and dated January 21, 1919		birth date: July 31, 1898
	INSURANCE CO. of New York #2562842				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar		Evidence reviewed by Betty Waller		Date Filed February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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RECEIVED JUL 14 1956
OFFICE OF THE ATTORNEY GENERAL



North Carolina, U.S.A.
Chas. W. S. A.
1010 7th Street
Jackson, Mississippi

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-178
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lucille Marie Green			2. Date (month) (day) (year) Of Birth July 4 1898	
	3. Color or Race white	4. Sex female	5. Place of Birth Nez Perce	6. City or Town of Birth Lewiston	
FATHER	6. Full Name of Father John Green			7. State or Country of Father's Birth Virginia	
MOTHER	8. Full Maiden Name of Mother Amy Alice Russell			9. State or Country of Mother's Birth Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lucille Marie Green (Rogers)</i>	
NOTARY (Seal)	Subscribed and sworn to before me on November 1, 19 55			11. Present Address of Registrant 326 15th. Ave., Lewiston, Idaho.	
	12. Signature of Notary <i>E. H. H. H. H.</i>			13. Notary Commission expires Dec. 17, 19 56	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document SON'S BIRTH CERTIFICATE		By whom issued and signed STATE OF IDAHO #51736		Date issued 11-3-55	Date Orig. Entry child born July 22, 1917
	Class* <u>B</u>	Date of Birth 19 years old	Birth Place Lewiston, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document AFFIDAVIT BY FRIEND OF FAMILY		By whom issued and signed MRS. VIOLA M. OLIN Culdesac, Idaho		Date issued 11-8-55	Date Orig. Entry
	Class <u>B</u>	Date of Birth July 4 1898	Birth Place Lewiston, Idaho	Full Name of Mother Amy Alice Russell Green	Name of Father John Green	
SUPPORTING RECORD 3.	Type of Document APPLICATION FOR INSURANCE		By whom issued and signed MUTUAL BENEFIT HEALTH & ACCIDENT INSURANCE		Date issued	Date Orig. Entry May 1 1943
	Class <u>B</u>	Date of Birth July 4 1898	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar <i>W. W. Benson</i>			Evidence reviewed by Betty Waller		Date Filed February 23, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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THE UNIVERSITY OF CHICAGO PRESS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-279
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Mary Urah Barntish</i>					2. Date (month) (day) (year) Of Birth <i>October, 29, 1898</i>		
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Washington</i>		a. County		b. City or Town of Birth <i>Midvale</i>	
FATHER	6. Full Name of Father <i>Tommy James Barntish</i>					7. State or Country of Father's Birth <i>Indiana</i>		
MOTHER	8. Full Maiden Name of Mother <i>Mary Elizabeth Cordell</i>					9. State or Country of Mother's Birth <i>Missouri</i>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Mary Laengle</i>		11. Present Address of Registrant <i>727 E. Main St. Weiser, Idaho.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>February 27, 1956</i>					12. Signature of Notary <i>Melvin Y Lewis</i>		13. Notary Commission expires <i>November 15, 1959</i>

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <i>DAUGHTER'S BIRTH CERTIFICATE</i>		By whom issued and signed <i>STATE OF IDAHO #182765</i>	Date issued <i>4-4-47</i>	Date Orig. Entry <i>child born June 6, 1930</i>
	Date of Birth <i>31 years old</i>	Birth Place <i>Midvale, Idaho</i>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document <i>AFFIDAVIT BY NEIGHBOR OF PARENTS</i>		By whom issued and signed <i>TEMPERANCE STIPPICH</i>	Date issued <i>3-11-56</i>	Date Orig. Entry
	Date of Birth <i>October 29, 1898</i>	Birth Place <i>Midvale, Idaho</i>	Full Name of Mother <i>Mary E. Cordell</i>	Name of Father <i>Tony J. Barntish</i>	
SUPPORTING RECORD 3.	Type of Document <i>ELECTOR'S OATH</i>		By whom issued and signed <i>STATE OF IDAHO County of Washington</i>	Date issued <i>2-23-56</i>	Date Orig. Entry <i>September 9 1930</i>
	Date of Birth <i>1898</i>	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W W Benson</i>	Evidence reviewed by <i>Betty Waller</i>	Date Filed <i>March 15, 1956</i>

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THE UNIVERSITY OF CHICAGO

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-289
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Laura Leona Tautfest</i>				2. Date (month) (day) (year) Of Birth <i>Mar. 12 1898</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Westlake Idaho</i>	a. County	b. City or Town of Birth <i>Westlake Idaho</i>	
FATHER	6. Full Name of Father <i>Fred Tautfest</i>				7. State or Country of Father's Birth <i>Russia</i>	
MOTHER	8. Full Maiden Name of Mother <i>Katie Fisher</i>				9. State or Country of Mother's Birth <i>Russia</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Laura Leona Broker</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>17 March 1956</i>				11. Present Address of Registrant <i>Craigmont, Idaho</i>	
	12. Signature of Notary <i>Robert C. Strom</i>				13. Notary Commission expires <i>Oct 17 1956</i>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document SON'S BIRTH CERTIFICATE		By whom issued and signed STATE OF IDAHO #57852		Date issued
	Date of Birth 19 years old	Birth Place Idaho	Full Name of Mother		Date Orig. Entry child born March 7, 1918
SUPPORTING RECORD 2-	Type of Document HOSPITALIZATION RECORD		By whom issued and signed ST. JOSEPH'S HOSPITAL Lewiston, Idaho		Date issued
	Date of Birth March 12 29 years old	Birth Place Idaho	Full Name of Mother Catherine Fischer		Date Orig. Entry admitted Feb. 13, 1928
SUPPORTING RECORD 3-	Type of Document CENSUS RECORD		By whom issued and signed DEPARTMENT OF COMMERCE Bureau of the Census		Date issued
	Date of Birth March, 1898 2 years old	Birth Place Idaho	Full Name of Mother Katie Tautfest		Date Orig. Entry Census of 1900 June 1

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by Betty Waller	Date Filed March 19, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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1944-1945

1. The first step in the process is to identify the problem. This involves gathering information about the situation and determining what needs to be done.

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OFFICE OF THE ATTORNEY GENERAL

DATE FILED
RECORD NO.

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

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1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-435
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>ESTHER EDITH RAWSON</u>				2. Date (month) (day) (year) Of Birth <u>NOVEMBER 3 1898</u>		
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>IDAHO</u>	a. County <u>BINGHAM</u>	b. City or Town of Birth <u>AMMON</u>		
FATHER	6. Full Name of Father <u>Horace Edward Rawson</u>				7. State or Country of Father's Birth <u>Weber, Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Esther Ann Richardson</u>				9. State or Country of Mother's Birth <u>Oneida, Idaho</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Esther Edith Rawson</u>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <u>4/25/56</u>				12. Signature of Notary <u>Mary Stegner</u>		13. Notary Commission expires <u>19</u>

SUPPORTING RECORD 1.	Type of Document <u>INSURANCE POLICY</u>		By whom issued and signed <u>THE PRUDENTIAL INSURANCE CO. of America #81 659 027</u>		Date issued	Date Orig. Entry <u>March 24, 1930</u>
	Date of Birth <u>32 years old next birthday</u>	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document <u>AFFIDAVIT BY AUNT</u>		By whom issued and signed <u>RUTH CATHRINE RICHARDSON TAWSON, Ogden City, Utah</u>		Date issued <u>2-6-56</u>	Date Orig. Entry
	Date of Birth <u>November 3, 1898</u>	Birth Place <u>Ammon, Idaho</u>	Full Name of Mother <u>Esther Ann Richardson Rawson</u>		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>daughter's birth certificate</u>		By whom issued and signed <u>City of Ogden Ogden, Utah #11574</u>		Date issued <u>2-8-56</u>	Date Orig. Entry <u>child born May 1, 1917</u>
	Date of Birth <u>18 years old</u>	Birth Place <u>Ammon, Idaho</u>	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. W. Benson</u>	Evidence reviewed by <u>bw Betty Waller</u>	Date Filed <u>April 30 1956</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH		STATE OF DELAWARE	
<p>1. Name of child at birth</p> <p>2. Date of birth</p> <p>3. Place of birth</p> <p>4. Name of father</p> <p>5. Name of mother</p> <p>6. Address of father at birth</p> <p>7. Address of mother at birth</p> <p>8. Signature of father</p> <p>9. Signature of mother</p> <p>10. Signature of registrar</p>		<p>11. Date of registration</p> <p>12. Registrar's name</p> <p>13. Registrar's address</p> <p>14. Registrar's telephone</p> <p>15. Registrar's commission expires</p>	
<p>16. Name of child at birth</p> <p>17. Date of birth</p> <p>18. Place of birth</p> <p>19. Name of father</p> <p>20. Name of mother</p> <p>21. Address of father at birth</p> <p>22. Address of mother at birth</p> <p>23. Signature of father</p> <p>24. Signature of mother</p> <p>25. Signature of registrar</p>		<p>26. Date of registration</p> <p>27. Registrar's name</p> <p>28. Registrar's address</p> <p>29. Registrar's telephone</p> <p>30. Registrar's commission expires</p>	
<p>31. Name of child at birth</p> <p>32. Date of birth</p> <p>33. Place of birth</p> <p>34. Name of father</p> <p>35. Name of mother</p> <p>36. Address of father at birth</p> <p>37. Address of mother at birth</p> <p>38. Signature of father</p> <p>39. Signature of mother</p> <p>40. Signature of registrar</p>		<p>41. Date of registration</p> <p>42. Registrar's name</p> <p>43. Registrar's address</p> <p>44. Registrar's telephone</p> <p>45. Registrar's commission expires</p>	
<p>46. Name of child at birth</p> <p>47. Date of birth</p> <p>48. Place of birth</p> <p>49. Name of father</p> <p>50. Name of mother</p> <p>51. Address of father at birth</p> <p>52. Address of mother at birth</p> <p>53. Signature of father</p> <p>54. Signature of mother</p> <p>55. Signature of registrar</p>		<p>56. Date of registration</p> <p>57. Registrar's name</p> <p>58. Registrar's address</p> <p>59. Registrar's telephone</p> <p>60. Registrar's commission expires</p>	
<p>61. Name of child at birth</p> <p>62. Date of birth</p> <p>63. Place of birth</p> <p>64. Name of father</p> <p>65. Name of mother</p> <p>66. Address of father at birth</p> <p>67. Address of mother at birth</p> <p>68. Signature of father</p> <p>69. Signature of mother</p> <p>70. Signature of registrar</p>		<p>71. Date of registration</p> <p>72. Registrar's name</p> <p>73. Registrar's address</p> <p>74. Registrar's telephone</p> <p>75. Registrar's commission expires</p>	
<p>76. Name of child at birth</p> <p>77. Date of birth</p> <p>78. Place of birth</p> <p>79. Name of father</p> <p>80. Name of mother</p> <p>81. Address of father at birth</p> <p>82. Address of mother at birth</p> <p>83. Signature of father</p> <p>84. Signature of mother</p> <p>85. Signature of registrar</p>		<p>86. Date of registration</p> <p>87. Registrar's name</p> <p>88. Registrar's address</p> <p>89. Registrar's telephone</p> <p>90. Registrar's commission expires</p>	
<p>91. Name of child at birth</p> <p>92. Date of birth</p> <p>93. Place of birth</p> <p>94. Name of father</p> <p>95. Name of mother</p> <p>96. Address of father at birth</p> <p>97. Address of mother at birth</p> <p>98. Signature of father</p> <p>99. Signature of mother</p> <p>100. Signature of registrar</p>		<p>101. Date of registration</p> <p>102. Registrar's name</p> <p>103. Registrar's address</p> <p>104. Registrar's telephone</p> <p>105. Registrar's commission expires</p>	

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-492
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Edith Marie Richey				2. Date (month) (day) (year) April 1 1898		
	3. Color or Race white	4. Sex Female	5. Place of Birth Emmett	a. County Gem	b. City or Town of Birth Emmett, Idaho		
FATHER	6. Full Name of Father Richard R. Richey				7. State or Country of Father's Birth Nebraska		
MOTHER	8. Full Maiden Name of Mother Martha Melissa Neal				9. State or Country of Mother's Birth Arkansas		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Edith Marie Wilson</i>		11. Present Address of Registrant 539 N. 1st St, Nyssa, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on April 30, 19 56				12. Signature of Notary <i>Robert Thompson</i>		13. Notary Commission expires 7/7/ 19 57

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Child's birth certificate		By whom issued and signed Division of Vital Statistics State of Oregon File# 82	Date issued June 1, 1922	Date Orig. Entry June 1, 1922
	Date of Birth Age 24	Birth Place Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document Affidavit		By whom issued and signed Chap Williams-Uncle	Date issued May 1, 1956	Date Orig. Entry May 1, 1956
	Date of Birth Apr. 1, 1898	Birth Place Emmett, Idaho	Full Name of Mother Martha M. Richey	Name of Father Richard Richey	
SUPPORTING RECORD 3.	Type of Document Family Record		By whom issued and signed (Neal) Mother-Mrs. Martha M. Tittle	Date issued Viewed copy in this off.	Date Orig. Entry 1910
	Date of Birth Apr. 1, 1898	Birth Place	Full Name of Mother Martha Neal	Name of Father Richard Richey	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by Verna R. Reisch	Date Filed May 10, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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April 30, 1931

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DEPARTMENT OF HEALTH

STATE OF OREGON

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DELAYED CERTIFICATION OF BIRTH
STATE OF IDAHO

State File No. De56-501
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Charles Maio				2. Date (month) (day) (year) Of Birth February 27 1898	
	3. Color or Race white	4. Sex male	5. Place of Birth Idaho	a. County Bonner	b. City or Town of Birth Priest River	
FATHER	6. Full Name of Father Frank Maio				7. State or Country of Father's Birth Italy	
MOTHER	8. Full Maiden Name of Mother Rose Boisso				9. State or Country of Mother's Birth Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Charles Maio</i>	
NOTARY (Seal)	Subscribed and sworn to before me on May 7 1956.				11. Present Address of Registrant Priest River, Idaho	
	12. Signature of Notary <i>Dred J. Kondo</i>				13. Notary Commission expires June 23 1958.	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document application for Social Security number		By whom issued and signed Treasury Department Internal Revenue Service		Date issued Date Orig. Entry applied May 3, 1937
	Date of Birth February 27, 1898	Birth Place Priest River, Idaho Bonner County	Full Name of Mother Rosie Bossio		Name of Father Frank Maio
SUPPORTING RECORD 2.	Type of Document son's birth certificate		By whom issued and signed State of Idaho #153596		Date issued Date Orig. Entry 4-12-56 child born July 29, 1927
	Date of Birth 29 years old	Birth Place Idaho	Full Name of Mother Rose Boisso		Name of Father Frank Maio
SUPPORTING RECORD 3.	Type of Document affidavit by friend of parents		By whom issued and signed Bruno Bombino Priest River, Idaho		Date issued Date Orig. Entry 4-23-56
	Date of Birth February 27, 1898	Birth Place Priest River Idaho	Full Name of Mother Rose Boisso		Name of Father Frank Maio
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W W Benson</i>		Evidence reviewed by bw Betty Waller		Date Filed May 14, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-525
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Leslie Mero Taylor</u>			2. Date (month) (day) (year) Of Birth <u>Jan.</u> <u>12,</u> <u>1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Male</u>	5. Place of Birth <u>at Home</u>	a. County <u>Soda Springs, Idaho</u>	
FATHER	6. Full Name of Father <u>Edward Taylor</u>			7. State or Country of Father's Birth <u>England</u>	
MOTHER	8. Full Maiden Name of Mother <u>Elizabeth Davis</u>			9. State or Country of Mother's Birth <u>England</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Leslie Mero Taylor</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 21,</u> <u>1956</u>			11. Present Address of Registrant <u>Rexburg Idaho</u>	
				12. Signature of Notary <u>Vernon C. Mortensen</u>	
				13. Notary Commission expires <u>19</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>CHURCH RECORD</u>		By whom issued and signed <u>L.D.S. CHURCH</u> <u>Rexburg Fourth Ward</u>		Date issued <u>June, 1906</u>
	Date of Birth <u>January 12</u> <u>1898</u>	Birth Place <u>Soda Springs</u> <u>Idaho</u>	Full Name of Mother <u>Elizabeth Dare</u>		Date Orig. Entry <u>baptized</u> <u>June, 1906</u>
Class* <u>B</u>					
SUPPORTING RECORD 2-	Type of Document <u>APPLICATION FOR INSURANCE</u>		By whom issued and signed <u>GUARANTEE FUND LIFE ASSOCIATION</u> <u>Omaha, Nebraska #801127</u>		Date issued <u>May 21</u> <u>1927</u>
	Date of Birth <u>June 12</u> <u>1898</u>	Birth Place <u>Soda Springs</u>	Full Name of Mother		Date Orig. Entry <u>May 21</u> <u>1927</u>
Class <u>B</u>					
SUPPORTING RECORD 3-	Type of Document <u>518-36-3324</u> <u>application for Social</u> <u>Security number</u>		By whom issued and signed <u>Treasury Department</u> <u>Internal Revenue Service</u>		Date issued <u>January 4, 1956</u>
	Date of Birth <u>January</u> <u>12, 1898</u>	Birth Place <u>Soda Springs, Idaho</u> <u>Caribou County</u>	Full Name of Mother <u>Elizabeth Davis</u>		Date Orig. Entry <u>applied</u> <u>January 4, 1956</u>
Class <u>B</u>					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. Benson</u>		Evidence reviewed by <u>bw Betty Waller</u>		Date Filed <u>May 18, 1956</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

10-10-68

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

SECRET

1968

100-206-001
 dated 10-1-72
 100-206-001

100-441101-100

THE UNIVERSITY OF CHICAGO PRESS

SECRET

0. State or County of Mother's Birth

Page 10 of 10

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Reported to Bureau

44-38861-1000

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NO * STORES OF THE * BUREAU *

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THE UNIVERSITY OF CHICAGO PRESS

1-10-68

SECRET

1990

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DATE: 10/10/1964 PAGE: 2120

CONFIDENTIAL

SECRET

10-10-68

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1945-1946

Page 3 of 3

1990-1991

10-1-78

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 08-19-2007 BY 60322 UCBAW/BJS

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— *Journal of the American Medical Association*

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THE UNIVERSITY OF CHICAGO

[Illegible text]

381-289-043-866 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De56-560
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Delilah Bell Chadwell</u>					2. Date (month) (day) (year) Of Birth <u>Oct.</u> <u>9</u> <u>1898</u>		
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Idaho</u>	a. County <u>Blaine</u>	b. City or Town of Birth <u>Vanwiche near Cascade</u>			
FATHER	6. Full Name of Father <u>George Edward Chadwell</u>					7. State or Country of Father's Birth <u>Missouri</u>		
MOTHER	8. Full Maiden Name of Mother <u>Ida May Howick</u>					9. State or Country of Mother's Birth <u>Kansas</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Delilah B. Harrell</u>		11. Present Address of Registrant <u>4709 Daphne New Orleans La.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 16, 1956</u>					12. Signature of Notary <u>Vernold S. Harner</u>		13. Notary Commission expires <u>At Death</u> 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Bible record</u>		By whom issued and signed <u>viewed by Margaret J. Hunter, Emmett, Idaho</u>	Date issued <u>4-11-56</u>	Date Orig. Entry
	Date of Birth <u>October 9, 1898</u>	Birth Place <u>Vanwiche, Idaho Valley County</u>	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2-	Type of Document <u>affidavit by aunt</u>		By whom issued and signed <u>Ollie Jessie Connyers Challis, Idaho</u>	Date issued <u>4-3-56</u>	Date Orig. Entry
	Date of Birth <u>October 9, 1898</u>	Birth Place <u>Vanwiche, Idaho Valley County</u>	Full Name of Mother <u>Ida Chadwell</u>	Name of Father <u>George Chadwell</u>	
SUPPORTING RECORD 3-	Type of Document <u>insurance record</u>		By whom issued and signed <u>Gem State Mutual Life Association #1164206</u>	Date issued	Date Orig. Entry <u>issued Oct. 22, 1937</u>
	Date of Birth <u>Age 39</u>	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W W Benson</u>		Evidence reviewed by <u>bw Betty Waller</u>	Date Filed <u>May 29, 1956</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 31 1958

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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-622
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>EILEEN MARY REDDY</u>			2. Date (month) (day) (year) Of Birth <u>June</u> <u>28</u> <u>1898</u>	
	3. Color or Race <u>white</u>	4. Sex <u>female</u>	5. Place of Birth <u>Bannock</u>	a. County <u>Pocatello, Idaho</u>	
FATHER	6. Full Name of Father <u>John Reddy</u>			7. State or Country of Father's Birth <u>Boyle, Ireland</u>	
MOTHER	8. Full Maiden Name of Mother <u>Mary Elizabeth Welch</u>			9. State or Country of Mother's Birth <u>Boyle, Ireland</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Eileen Mary Reddy Olsen</u>	11. Present Address of Registrant <u>337 West Lovejoy St. Pocatello, Idaho</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>April 4th</u> <u>1956</u>			12. Signature of Notary <u>Earl H. Weaver</u>	13. Notary Commission expires <u>July 1st</u> <u>1959</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>church record</u>		By whom issued and signed <u>Church of St. Joseph Pocatello, Idaho</u>		Date issued <u>5-7-56</u>	Date Orig. Entry <u>baptized July 17, 1898</u>
	Date of Birth <u>June 28 1898</u>	Birth Place <u>Pocatello Idaho</u>	Full Name of Mother <u>Mary Welsh</u>		Name of Father <u>John Reddy</u>	
SUPPORTING RECORD 2.	Type of Document <u>application for license as reg. nurse</u>		By whom issued and signed <u>Bureau of Occupational Licenses, Boise</u>		Date issued <u>5-31-56</u>	Date Orig. Entry <u>November 19, 1938</u>
	Date of Birth <u>June 28 1898</u>	Birth Place <u>Pocatello Idaho</u>	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document <u>son's birth certificate</u>		By whom issued and signed <u>State of Idaho #138647</u>		Date issued	Date Orig. Entry <u>child born Dec. 2, 1925</u>
	Date of Birth <u>27 years old</u>	Birth Place <u>Pocatello Idaho</u>	Full Name of Mother		Name of Father	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

BW Betty Waller

Date Filed

June 12, 1956

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF INTENT TO NATURALIZE

STATE OF ILLINOIS

1955

1. Name of declarant	John Field
2. Date of birth	1908
3. Place of birth	Ireland
4. Name of father	John Field
5. Name of mother	John Field
6. Date of arrival in U.S.	1908
7. State of residence	Ireland
8. Name of present residence	33 West Lovelock St. Roselle, Ill.
9. Name of employer	
10. Name of business	
11. Name of religious organization	
12. Name of political party	
13. Name of social organization	
14. Name of other organization	
15. Name of other organization	
16. Name of other organization	
17. Name of other organization	
18. Name of other organization	
19. Name of other organization	
20. Name of other organization	

1. Name of declarant	John Field
2. Date of birth	1908
3. Place of birth	Ireland
4. Name of father	John Field
5. Name of mother	John Field
6. Date of arrival in U.S.	1908
7. State of residence	Ireland
8. Name of present residence	33 West Lovelock St. Roselle, Ill.
9. Name of employer	
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11. Name of religious organization	
12. Name of political party	
13. Name of social organization	
14. Name of other organization	
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17. Name of other organization	
18. Name of other organization	
19. Name of other organization	
20. Name of other organization	

1. Name of declarant	John Field
2. Date of birth	1908
3. Place of birth	Ireland
4. Name of father	John Field
5. Name of mother	John Field
6. Date of arrival in U.S.	1908
7. State of residence	Ireland
8. Name of present residence	33 West Lovelock St. Roselle, Ill.
9. Name of employer	
10. Name of business	
11. Name of religious organization	
12. Name of political party	
13. Name of social organization	
14. Name of other organization	
15. Name of other organization	
16. Name of other organization	
17. Name of other organization	
18. Name of other organization	
19. Name of other organization	
20. Name of other organization	

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Frank Calvin Cuddy				2. Date of Birth (month) (day) (year) August 6, 1898		
	3. Color or Race White	4. Sex M	5. Place of Birth a. County Southwick Nez Perce		b. City or Town of Birth Southwick		
FATHER	6. Full Name of Father Hiram Cuddy				7. State or Country of Father's Birth Virginia		
MOTHER	8. Full Maiden Name of Mother Isabelle Morrison				9. State or Country of Mother's Birth California		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Frank C Cuddy</i>		11. Present Address of Registrant Kendrick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on June 20, 1956				12. Signature of Notary <i>Robert C. Morrison</i>		13. Notary Commission expires December 9, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE							
SUPPORTING RECORD 1.	Type of Document statement re lodge record		By whom issued and signed B.P.O.E., Moscow Lodge No. 249, Moscow, Idaho		Date issued 5-11-56	Date Orig. Entry applied Oct. 28, 1948	
	Class* B	Date of Birth August 6, 1898	Birth Place Southwick Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document application for Social Security number		By whom issued and signed Treasury Department Internal Revenue Service		Date issued	Date Orig. Entry applied July 22, 1946	
	Class B	Date of Birth August 6 1898	Birth Place Southwick, Idaho Nez Perce County	Full Name of Mother Isabelle Morrison		Name of Father Hiram Cuddy	
SUPPORTING RECORD 3.	Type of Document affidavit by brother		By whom issued and signed Frank C. Cuddy Southwick, Idaho		Date issued 6-20-56	Date Orig. Entry	
	Class B	Date of Birth August 6 1898	Birth Place Southwick, Idaho Nez Perce County	Full Name of Mother		Name of Father	
QUALIFYING INFORMATION	statement re school record		Joint School District No. 283 Kendrick, Idaho		issued 5-24-56	school year Sept. 1916	
	18 years old						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.						
	State Registrar <i>W. Benson</i>			Evidence reviewed by Betty Waller		Date Filed June 26, 1956	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-665
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Ludie Antoinette Augustine</i>				2. Date (month) (day) (year) Of Birth <i>Sept. 18 1898</i>	
	3. Color or Race <i>White</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Westlake</i>	a. County <i>Nez Perce</i>	b. City or Town of Birth <i>Westlake</i>	
FATHER	6. Full Name of Father <i>Frederick Augustine</i>				7. State or Country of Father's Birth <i>Hurtemberg Germany</i>	
MOTHER	8. Full Maiden Name of Mother <i>Katharina Mayer</i>				9. State or Country of Mother's Birth <i>Hurtemberg Germany</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Ludie A. Augustine</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>JUN 8 - 1956</u> 19____				11. Present Address of Registrant <i>1836 Alice St. Oakland, Calif</i>	
	NOTARY PUBLIC				12. Signature of Notary <i>E. A. Warness</i>	
					13. Notary Commission expires My Commission Expires May 13, 1957	

In and for the County of <u>Idaho</u> , State of <u>California</u>		APPLICANT - DO NOT WRITE BELOW THIS LINE	
SUPPORTING RECORD 1.	Type of Document affidavit by neighbor of parents		By whom issued and signed Mrs. Emma Hartman Winchester, Idaho
	Date of Birth September 18, 1898	Birth Place Westlake, Idaho Nez Perce County	Full Name of Mother Katharina Mayer
SUPPORTING RECORD 2.	Type of Document application for insurance		By whom issued and signed New York Life Insurance Company #68-019
	Date of Birth September 18, 1898	Birth Place Idaho	Full Name of Mother Katharine Augustine
SUPPORTING RECORD 3.	Type of Document statement re lodge record		By whom issued and signed Yerba Buena Chapter No. 228, O.E.S., San Francisco
	Date of Birth September 18, 1898	Birth Place Westlake, Idaho Nez Perce County	Full Name of Mother
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)			
State Registrar <i>W. W. Benson</i>		Evidence reviewed by bw Betty Waller	Date Filed June 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

REPORT OF DEATH
TO BE FILED IN THE
OFFICE OF THE
REGISTER

DATE OF DEATH
1950

John Doe
1000 N. 1st St.
Chicago, Ill.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

John Doe
1000 N. 1st St.
Chicago, Ill.

DEATH CERTIFICATE
No. 12345
DATE OF DEATH
1950

DATE OF DEATH	1950
TIME OF DEATH	10:00 AM
PLACE OF DEATH	Home
CAUSE OF DEATH	Heart Disease
AGE	65
SEX	Male
RACE	White
RELIGION	Catholic
MARRIAGE	Married
EDUCATION	High School
OCCUPATION	Teacher
DATE OF BIRTH	1950
PLACE OF BIRTH	Chicago, Ill.
DATE OF DEATH	1950
TIME OF DEATH	10:00 AM
PLACE OF DEATH	Home
CAUSE OF DEATH	Heart Disease
AGE	65
SEX	Male
RACE	White
RELIGION	Catholic
MARRIAGE	Married
EDUCATION	High School
OCCUPATION	Teacher

1. I, the undersigned, being a duly qualified medical practitioner, hereby certify that the above is a true and correct statement of the facts as to the death of the person named above, and that the same was caused by the disease or condition stated.

2. I, the undersigned, being a duly qualified medical practitioner, hereby certify that the above is a true and correct statement of the facts as to the death of the person named above, and that the same was caused by the disease or condition stated.

3. I, the undersigned, being a duly qualified medical practitioner, hereby certify that the above is a true and correct statement of the facts as to the death of the person named above, and that the same was caused by the disease or condition stated.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Mary Emma Smith			2. Date (month) (day) (year) Of Birth Mar. 30 1898		
	3. Color or Race white	4. Sex F	5. Place of Birth Washington	6. City or Town of Birth Weiser		
FATHER	6. Full Name of Father James William Smith			7. State or Country of Father's Birth Fairfield Utah		
MOTHER	8. Full Maiden Name of Mother Myrtle Wells			9. State or Country of Mother's Birth Bates Co., Missouri		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant Mary Emma Smith Krehbiel		11. Present Address of Registrant Nampa, Ida. R. #6
NOTARY (Seal)	Subscribed and sworn to before me on May 16 1958			12. Signature of Notary Leah M. Stewart		13. Notary Commission expires May 1958

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document son's birth certificate		By whom issued and signed STATE OF IDAHO #231912		Date issued April 2, 1935
	Date of Birth 37 years old	Birth Place Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 2.	Type of Document Bible Record		By whom issued and signed Father-Near time of birth		Date issued Viewed original in this Obviously old. office.
	Date of Birth Mar. 30, 1898	Birth Place	Full Name of Mother Myrtle Smith		Name of Father James William Smith
SUPPORTING RECORD 3.	Type of Document Affidavit by Aunt		By whom issued and signed Iva Hindman-Aunt		Date issued Sept. 4, 1956
	Date of Birth Mar. 30, 1898	Birth Place Weiser, Idaho	Full Name of Mother Myrtle Wells		Name of Father James William Smith
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by bw Joan Mowery		Date Filed Oct. 1, 1956

OCT 3 1950



259-121-029-846
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

RECEIVED DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De56-1026**

Local Reg. No. _____

Reg. Dist. No. _____

OCT 4 - 1956

REGISTRANT (Person whose Birth is being registered)	1. Registered at Birth				2. Date (month) (day) (year) Of Birth Nov. 31st 1898	
	3. Color or Race W	4. Sex M	5. Place of Birth MOSCOW, LATAH, IDAHO		6. City or Town of Birth	
FATHER	6. Full Name of Father WILLIAM HINTON BERRY				7. State or Country of Father's Birth OHIO	
MOTHER	8. Full Maiden Name of Mother LUCINDIA ELLIN HOLMES				9. State or Country of Mother's Birth MISSOURI	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Lester Berry</i>	
NOTARY (Seal)	Subscribed and sworn to before me on October 2 1956 State of California				11. Present Address of Registrant 3046 NO MARIPOSA ST, FRESNO 3, CAL.	
	In and for the County of Fresno , <i>Roseanne Fortner</i>				12. Signature of Notary <i>Roseanne Fortner</i>	
					13. Notary Commission expires My Commission Expires Oct. 5, 1958	

APPLICANT DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document		By whom issued and signed		Date issued
	Census Record		Bureau of the Census Washington 25, D.C.		Sept. 5, 56
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
	Age 11	Idaho	Ellin Berry		April 15
SUPPORTING RECORD 2.	Type of Document		By whom issued and signed		Date issued
	Child's Birth certificate		Baltimore, Maryland Maryland File #D89323		Sept. 26, 56
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
	Age 33	Idaho			Dec. 1931
SUPPORTING RECORD 3.	Type of Document		By whom issued and signed		Date issued
	Military Record		United States Army C. M. Reddig		February 8, 1947
Class <u>B</u>	Date of Birth	Birth Place	Full Name of Mother		Date Orig. Entry
	21 Nov 1898	Moscow, Idaho			

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. H. Benson</i>	Evidence reviewed by Verna Wilson	Date Filed Oct. 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

619-203-008-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De56-1046

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Alice Elizabeth Farrell</u>				2. Date (month) (day) (year) Birth <u>July</u> <u>3</u> <u>1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth <u>Boise</u>	a. County <u>Idaho</u>	b. City or Town of Birth <u>Idaho City, Idaho</u>		
FATHER	6. Full Name of Father <u>James J. Farrell</u>				7. State or Country of Father's Birth <u>Idaho</u>		
MOTHER	8. Full Maiden Name of Mother <u>Mary Ann Genau</u>				9. State or Country of Mother's Birth <u>Deleware</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Alice Elizabeth Farrell</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>October 8</u> <u>1956</u>				11. Present Address of Registrant <u>4485 Libbit Ave. Encino, California</u>		
					12. Signature of Notary <u>Joseph M. Mudgett</u>		
					13. Notary Commission expires <u>1-5</u> <u>1960</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Idaho Historical Society</u>		By whom issued and signed <u>H. J. Swinney-Director</u>	Date issued <u>Oct. 3, 1956</u>	Date Orig. Entry <u>July 4, 1898</u>
	Date of Birth <u>July 3, 1898</u>	Birth Place <u>Idaho City, Idaho</u>	Full Name of Mother	Name of Father	
Class* <u>B</u>					
SUPPORTING RECORD 2.	Type of Document <u>Certificate of Baptism</u>		By whom issued and signed <u>Rev. K. F. Raure-Pastor</u>	Date issued <u>Sept. 25 1956</u>	Date Orig. Entry <u>Sept. 4, 1898</u>
	Date of Birth <u>July 3, 1898</u>	Birth Place	Full Name of Mother	Name of Father	
Class <u>B</u>					
SUPPORTING RECORD 3.	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Fronie Mautz-Aunt</u>	Date issued <u>Oct. 8, 1956</u>	Date Orig. Entry
	Date of Birth <u>July 3, 1898</u>	Birth Place <u>Idaho City, Idaho</u>	Full Name of Mother <u>Mary Genau</u>	Name of Father <u>James J. Farrell</u>	
Class <u>B</u>					
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <u>W. W. Benson</u>		Evidence reviewed by <u>Joan Mowery</u>	Date Filed <u>Oct. 8, 1956</u>	

*Class A Records are those made and dated before the Registrant's fourth birthday.

Class B Records are those made after the fourth birthday but are at least 5 years old.

1944-1945
1946-1947
1948-1949

1. Name of child 2. Sex 3. Date of birth 4. Place of birth 5. Name of mother 6. Name of father 7. State or country of birth 8. State or country of residence 9. Address of child 10. Address of mother 11. Address of father 12. Address of child's home 13. Address of child's school 14. Address of child's place of work 15. Address of child's place of study 16. Address of child's place of recreation 17. Address of child's place of worship 18. Address of child's place of burial 19. Address of child's place of death 20. Address of child's place of birth		1. Name of child 2. Sex 3. Date of birth 4. Place of birth 5. Name of mother 6. Name of father 7. State or country of birth 8. State or country of residence 9. Address of child 10. Address of mother 11. Address of father 12. Address of child's home 13. Address of child's school 14. Address of child's place of work 15. Address of child's place of study 16. Address of child's place of recreation 17. Address of child's place of worship 18. Address of child's place of burial 19. Address of child's place of death 20. Address of child's place of birth
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1068
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Thelma Lottie Wyman				2. Date of Birth August 17 1898			
	3. Color or Race W	4. Sex F	5. Place of Birth a. County Nez Perce		b. City or Town of Birth Lapwai, Idaho			
FATHER	6. Full Name of Father Edward Alonzo Wyman				7. State or Country of Father's Birth Knox County, Illinois			
MOTHER	8. Full Maiden Name of Mother Rose Dallas Hechtner				9. State or Country of Mother's Birth Lincoln County Missouri			
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Thelma Lottie Wyman</i>		11. Present Address of Registrant 1811 Prospect, Lewiston, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on January 11 19 56				12. Signature of Notary <i>Robert S. Dale</i>		13. Notary Commission expires June 26 19 59	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class <u>B</u>	Type of Document Child's birth certificate		By whom issued and signed Boise, Idaho Idaho File #168301		Date issued November 26, 1928	Date Orig. Entry
	Date of Birth Age 30	Birth Place Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document Bible Record		By whom issued and signed Rose Dallas Wyman		Date issued Obviously old. Viewed photostat copy.	Date Orig. Entry
	Date of Birth August 17, 1898	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3. Class <u>B</u>	Type of Document Affidavit by mother		By whom issued and signed Rose Dallas Wyman		Date issued January 11, 1956	Date Orig. Entry
	Date of Birth August 17, 1898	Birth Place Lapwai, Idaho	Full Name of Mother Rose Dallas Wyman		Name of Father Edward Alonzo Wyman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by Verna Wilson	Date Filed Oct. 12, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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064 19 1958

STATE OF TEXAS

OFFICE OF THE CLERK OF THE DISTRICT COURT

CLERK OF THE DISTRICT COURT

Name of Father		Name of Mother		Name of Child	
Date of Birth		Date of Birth		Date of Birth	
Place of Birth		Place of Birth		Place of Birth	
County of Birth		County of Birth		County of Birth	
City or Town of Birth		City or Town of Birth		City or Town of Birth	
State of Birth		State of Birth		State of Birth	
Date of Marriage		Date of Marriage		Date of Marriage	
Place of Marriage		Place of Marriage		Place of Marriage	
County of Marriage		County of Marriage		County of Marriage	
City or Town of Marriage		City or Town of Marriage		City or Town of Marriage	
State of Marriage		State of Marriage		State of Marriage	
Date of Filing		Date of Filing		Date of Filing	
Place of Filing		Place of Filing		Place of Filing	
County of Filing		County of Filing		County of Filing	
City or Town of Filing		City or Town of Filing		City or Town of Filing	
State of Filing		State of Filing		State of Filing	

CLERK OF THE DISTRICT COURT

STATE OF TEXAS

OFFICE OF THE CLERK OF THE DISTRICT COURT

CLERK OF THE DISTRICT COURT

RECEIVED

STATE OF IDAHO
 CERTIFICATE OF BIRTH

State File No. De56-1133
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth ESTELLA JOAN RICE				2. Date (month) (day) (year) Of Birth JUNE 22 1898		
	3. Color or Race WHITE	4. Sex FEMALE	5. Place of Birth a. County CASSIA		b. City or Town of Birth ALMO		
FATHER	6. Full Name of Father NATHANIEL A. RICE				7. State or Country of Father's Birth Jarmingtons Utah		
MOTHER	8. Full Maiden Name of Mother ALICE JANE DURFEE				9. State or Country of Mother's Birth Beaver Dam - Utah		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Estella Joan Rice Brackenhury</i>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>September 25 1956</u>				12. Signature of Notary <i>Chammon, Albion, Ida.</i>		11. Present Address of Registrant <i>Albion Idaho</i>
					13. Notary Commission expires <u>May 14 1959</u>		

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1- Class* <u>B</u>	Type of Document Affidavit by mother		By whom issued and signed Alice Jane Durfee Rice	Date issued July 23, 1956	Date Orig. Entry
	Date of Birth June 22, 1898	Birth Place Almo, Idaho	Full Name of Mother Alice Jane Durfee	Name of Father Nathaniel A. Rice	
SUPPORTING RECORD 2- Class <u>B</u>	Type of Document Child's birth certificate		By whom issued and signed Boise Idaho	Date issued September 15, 1938	Date Orig. Entry
	Date of Birth Age 40	Birth Place Almo, Idaho	Full Name of Mother Idaho File #272161	Name of Father	
SUPPORTING RECORD 3- Class <u>B</u>	Type of Document Certificate of Baptism		By whom issued and signed Albion, Idaho	Date issued Oct. 1856	Date Orig. Entry May 25, 1907
	Date of Birth June 22, 1898	Birth Place Almo, Idaho	Full Name of Mother L.D.S. Church	Name of Father Alice Jane Durfee	Nathaniel Rice

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. U. Benson</i>	Evidence reviewed by vr Verna Wilson	Date Filed Oct. 30, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEFENDANT CERTIFICATE OF BIRTH		STATE OF TEXAS		COUNTY OF DALLAS		CITY OF DALLAS		OCT 10 1968	
1. Name of child		2. Date of birth		3. Place of birth		4. Name of mother		5. Name of father	
JAMES EARL RAY		5-10-38		DALLAS, TEXAS		JAMES EARL RAY		JAMES EARL RAY	
6. Name of mother		7. Name of father		8. Name of mother		9. Name of father		10. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
11. Name of mother		12. Name of father		13. Name of mother		14. Name of father		15. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
16. Name of mother		17. Name of father		18. Name of mother		19. Name of father		20. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
21. Name of mother		22. Name of father		23. Name of mother		24. Name of father		25. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
26. Name of mother		27. Name of father		28. Name of mother		29. Name of father		30. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
31. Name of mother		32. Name of father		33. Name of mother		34. Name of father		35. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
36. Name of mother		37. Name of father		38. Name of mother		39. Name of father		40. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
41. Name of mother		42. Name of father		43. Name of mother		44. Name of father		45. Name of mother	
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46. Name of mother		47. Name of father		48. Name of mother		49. Name of father		50. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
51. Name of mother		52. Name of father		53. Name of mother		54. Name of father		55. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
56. Name of mother		57. Name of father		58. Name of mother		59. Name of father		60. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
61. Name of mother		62. Name of father		63. Name of mother		64. Name of father		65. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
66. Name of mother		67. Name of father		68. Name of mother		69. Name of father		70. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
71. Name of mother		72. Name of father		73. Name of mother		74. Name of father		75. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
76. Name of mother		77. Name of father		78. Name of mother		79. Name of father		80. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
81. Name of mother		82. Name of father		83. Name of mother		84. Name of father		85. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
86. Name of mother		87. Name of father		88. Name of mother		89. Name of father		90. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
91. Name of mother		92. Name of father		93. Name of mother		94. Name of father		95. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	
96. Name of mother		97. Name of father		98. Name of mother		99. Name of father		100. Name of mother	
JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY		JAMES EARL RAY	

OCT 30 1956

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lavera May Buckley			2. Date of Birth (month) (day) (year) December 9 1898		
	3. Color or Race White	4. Sex female	5. Place of Birth a. County Franklin Idaho Franklin	b. City or Town of Birth Franklin, Idaho.		
FATHER	6. Full Name of Father George Albert Buckley			7. State or Country of Father's Birth Utah		
MOTHER	8. Full Maiden Name of Mother Minnie May Bell			9. State or Country of Mother's Birth Utah.		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lavera May Buckley</i>		11. Present Address of Registrant Grace, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on August 2-1956 19			12. Signature of Notary <i>[Signature]</i>		13. Notary Commission expires January 28 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document Church record		By whom issued and signed L.D.S. Church Certificate of Baptism	Date issued Dec. 24, 1906	Date Orig. Entry Dec. 9, 1906
	Date of Birth December 9, 1898	Birth Place Franklin, Idaho	Full Name of Mother Minnie May Bell	Name of Father George Buckley	
SUPPORTING RECORD 2. Class B	Type of Document Insurance Policy		By whom issued and signed Boise, Idaho Idaho Mutual Benefit	Date issued September 21, 1936	Date Orig. Entry
	Date of Birth December 9, 1898	Birth Place Franklin, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class _____	Type of Document Affidavit		By whom issued and signed Mrs. Olive Salvisen	Date issued October 23, 1956	Date Orig. Entry
	Date of Birth Dec. 9, 1898	Birth Place Franklin, Idaho	Full Name of Mother Minnie May Bell	Name of Father George Albert Buckley	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>[Signature]</i>		Evidence reviewed by vr Shirley Straubhar	Date Filed Oct. 31, 56	

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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CONFIDENTIAL

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100-443887-100

SECRET TO COMBAT UNIT

100-443887-1

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

DATE: 10-10-68

Section 9.000 - 1000

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Page 4 of 4

100-443887-100

SECRET

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SECRET

10-10-74

Class 2: 1940-1949

613-228-022-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho**RECEIVED DELAYED CERTIFICATE OF BIRTH**
STATE OF IDAHO
NOV 2 - 1956

State File No. De56-1153

REGISTRANT (Person whose Birth is being registered)	1. Registration of Birth Birth					2. Date (month) (day) (year) Of Birth March 28, 1898		
	3. Color or Race White		4. Sex Female	5. Place of Birth a. County Dubois (Fremont)		b. City or Town of Birth Dubois		
FATHER	6. Full Name of Father Charles Briggs Watts					7. State or Country of Father's Birth Missouri		
MOTHER	8. Full Maiden Name of Mother Lillian May Kaufman					9. State or Country of Mother's Birth Montana		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Bernice Elizabeth Watts</i> Chesley		11. Present Address of Registrant Roberts, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on October 30, 1956					12. Signature of Notary <i>George L. Jensen</i>		13. Notary Commission expires RESIDING AT IDAHO FALLS, IDAHO MY COMMISSION EXPIRES MAY 10, 1958

SUPPORTING RECORD 1.	Type of Document Affidavit by Mother		By whom issued and signed Lillian Kaufman Watts		Date Issued Oct. 30,	Date Orig. Entry 1956
	Date of Birth March 28, 1898	Birth Place Dubois	Full Name of Mother Lillian May Kaufman		Name of Father Charles Briggs Watts	
SUPPORTING RECORD 2.	Type of Document School Record		By whom issued and signed Idaho State College		Date Issued Nov. 30, 1948	Date Orig. Entry June 1916
	Date of Birth Mar. 28, 1898	Birth Place	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Childs Birth Certificate		By whom issued and signed Idaho State # 236965		Date issued Oct. 4,	Date Orig. Entry 1935
	Date of Birth age-37	Birth Place Dubois	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by ss Shirley Straubhar	Date Filed Nov. 2, 1956

NOV 9 1956

RECEIVED TELETYPE UNIT OF NORTH

STATE OF MISSISSIPPI



Mississippi
Department of
Transportation
Mobile, Alabama
November 9, 1956
Mr. J. Edgar Hoover
Washington, D.C.

Re: [illegible]
[illegible]

Mobile, Alabama
November 9, 1956
Mr. J. Edgar Hoover
Washington, D.C.

Re: [illegible]
[illegible]

Mobile, Alabama
November 9, 1956
Mr. J. Edgar Hoover
Washington, D.C.

Mobile, Alabama
November 9, 1956
Mr. J. Edgar Hoover
Washington, D.C.

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Mr. J. Edgar Hoover
Washington, D.C.

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

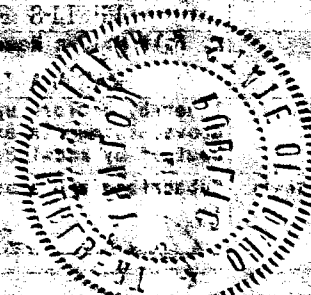
State File No. De56-1178

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth BERTHA MARIE EVERETT				2. Date (month) (day) (year) Of Birth DECEMBER 20, 1898	
	3. Color or Race WHITE	4. Sex FEMALE	5. Place of Birth ADA	b. City or Town of Birth EAGLE		
FATHER	6. Full Name of Father PHELPS EVERETT				7. State or Country of Father's Birth MICHIGAN	
MOTHER	8. Full Maiden Name of Mother MARTHA ELIZABETH WILSON				9. State or Country of Mother's Birth OHIO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Bertha Marie Everett Ayres, Pearl St. Eagle Idaho</i>		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <i>Nov. 2, 1956</i>			12. Signature of Notary <i>Hazel L. Lurlbert</i>		13. Notary Commission expires <i>Sept. 28, 1960</i>
APPLICANT— DO NOT WRITE BELOW THIS LINE						
SUPPORTING RECORD 1.	Type of Document Everett History Book & Phelps History		By whom issued and signed		Date issued	Date Orig. Entry
	Date of Birth Dec 20, 1898	Birth Place	Full Name of Mother Martha Elizabeth Wilson		Approx. 1921	Name of Father Phelps Everett
SUPPORTING RECORD 2.	Type of Document Child's Birth Certificate		By whom issued and signed on file Vital Statistics Boise, Idaho #127341		Date issued	Date Orig. Entry
	Date of Birth Age 25	Birth Place Idaho	Full Name of Mother		Dec 19, 1924	Name of Father
SUPPORTING RECORD 3.	Type of Document Affidavit by sister		By whom issued and signed Eva Light-Sister		Date issued	Date Orig. Entry
	Date of Birth Dec. 20, 1898	Birth Place Ada County	Full Name of Mother Martha Elizabeth Wilson		Nov. 9, 1956	Name of Father Phelps Everett
QUALIFYING INFORMATION						
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.					
	State Registrar W. W. BENSON		Evidence reviewed by <i>bf</i> Joan Mowery			Date Filed Nov. 9, 1956

UNITED STATES OF AMERICA STATE OF OHIO

NOV 13 1934

1. Name of Mother	2. Name of Child	3. Date of Birth	4. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
5. Name of Father	6. Name of Child	7. Date of Birth	8. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
9. Name of Mother	10. Name of Child	11. Date of Birth	12. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
13. Name of Father	14. Name of Child	15. Date of Birth	16. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM



17. Name of Mother	18. Name of Child	19. Date of Birth	20. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
21. Name of Father	22. Name of Child	23. Date of Birth	24. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
25. Name of Mother	26. Name of Child	27. Date of Birth	28. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
29. Name of Father	30. Name of Child	31. Date of Birth	32. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM

33. Name of Mother	34. Name of Child	35. Date of Birth	36. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
37. Name of Father	38. Name of Child	39. Date of Birth	40. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
41. Name of Mother	42. Name of Child	43. Date of Birth	44. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM
45. Name of Father	46. Name of Child	47. Date of Birth	48. Place of Birth
ELIZABETH WILSON	ADAM	DECEMBER 30, 1933	ADAM

799-120-388
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De56-1206
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)		1. Registrant's Full Name at Birth Samuel Willard Price		2. Date of Birth (month) Nov. (day) 20 (year) 1898	
FATHER		3. Color or Race White	4. Sex M.	5. Place of Birth (Malad,)	a. County Oneida
MOTHER		6. Full Name of Father Samuel Willard Price			b. City or Town of Birth Malad, Idaho
AFFIDAVIT		7. State or Country of Father's Birth Idaho			8. Full Maiden Name of Mother Matilda Gleed
NOTARY (Seal)		9. State or Country of Mother's Birth England			10. Signature of Registrant <i>Samuel Willard Price</i>
		11. Present Address of Registrant 165 Park Avenue Greenwich, Conn.			12. Signature of Notary <i>Helen Senfth.</i>
		13. Notary Commission Expires Apr 1, 1958			

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1. Class <u>B</u>	Type of Document Insurance Record		By whom issued and signed Beneficial Life Insurance Company		Date issued Dec. 11, 1915
	Date of Birth Nov. 20, 1898	Birth Place Malad, Oneida Co.	Full Name of Mother Matilda Price		Name of Father
SUPPORTING RECORD 2. Class <u>R</u>	Type of Document School Record		By whom issued and signed University of Idaho		Date issued Aug. 17, 1935
	Date of Birth Nov. 20, 1898	Birth Place Malad, Idaho	Full Name of Mother S.W. Price		Date Orig. Entry Sept. 17, 1926
SUPPORTING RECORD 3. Class <u>R</u>	Type of Document Baptismal Record		By whom issued and signed L.D.S. Malad Ward		Date issued Sept 7, 1908
	Date of Birth Nov. 20, 1898	Birth Place Malad	Full Name of Mother Matilda Gleed		Name of Father Samuel W. Price
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)					
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			Evidence reviewed by Shirley Straubhar		Date Filed Nov. 26, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
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Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
STATE OF IDAHO
NOV 27 1956

State File No. De56-1231
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Name of Registrant at Birth Nettie Scott				2. Date of Birth (month) (day) (year) February 10 1884	
	3. Color or Race White	4. Sex Female	5. Place of Birth Franklin	6. City or Town of Birth Thatcher		
FATHER	6. Full Name of Father Churchill Blackburn Scott				7. State or Country of Father's Birth Kentucky	
MOTHER	8. Full Maiden Name of Mother Sophie Adelaide Hoops Scott				9. State or Country of Mother's Birth Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Nettie Scott</i>	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on <i>November 14 1956</i>				12. Signature of Notary <i>J. R. Mooney, Jr.</i>	13. Notary Commission expires <i>8-4-1959</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by Sister		By whom issued and signed Mary Jane Winsebell	Date issued September 19, 1956	Date Orig. Entry
	Date of Birth February 10, 1884	Birth Place Thatcher, Idaho	Full Name of Mother Sophie Adelaide Hoops	Name of Father Churchill Blackburn Scott	
SUPPORTING RECORD 2.	Type of Document Church Record		By whom issued and signed Ward---South Cottonwood L.D.S. Salt Lake Stake	Date issued Nov. 5, 1956	Date Orig. Entry Mar. 30, 1893
	Date of Birth Feb. 10, 1884	Birth Place Idaho	Full Name of Mother Sophia A. Hoops	Name of Father Churchwell B. Scott	
SUPPORTING RECORD 3.	Type of Document Insurance Record		By whom issued and signed The Northwestern Mutual Life Insurance Company	Date issued Mar. 24, 1944	Date Orig. Entry
	Date of Birth Feb. 10, 1884	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by VW Shirley Straubhar	Date Filed Dec. 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF IDAHO		DEPARTMENT OF HEALTH		DIVISION OF VITALS		BIRTH RECORD	
<p>REGISTERED</p> <p>Full Name of Father: <u>Scott</u></p> <p>Full Name of Mother: <u>Scott</u></p> <p>Child's Name: <u>Scott</u></p> <p>Sex: <u>Male</u></p> <p>Date of Birth: <u>1934</u></p> <p>Place of Birth: <u>Idaho</u></p> <p>City or Town of Birth: <u>Idaho</u></p> <p>State of Birth: <u>Idaho</u></p> <p>County of Birth: <u>Idaho</u></p> <p>Signature of Registrar: <u>[Signature]</u></p> <p>Date of Issuance: <u>1934</u></p>		<p>REGISTERED</p> <p>Full Name of Father: <u>Scott</u></p> <p>Full Name of Mother: <u>Scott</u></p> <p>Child's Name: <u>Scott</u></p> <p>Sex: <u>Male</u></p> <p>Date of Birth: <u>1934</u></p> <p>Place of Birth: <u>Idaho</u></p> <p>City or Town of Birth: <u>Idaho</u></p> <p>State of Birth: <u>Idaho</u></p> <p>County of Birth: <u>Idaho</u></p> <p>Signature of Registrar: <u>[Signature]</u></p> <p>Date of Issuance: <u>1934</u></p>		<p>REGISTERED</p> <p>Full Name of Father: <u>Scott</u></p> <p>Full Name of Mother: <u>Scott</u></p> <p>Child's Name: <u>Scott</u></p> <p>Sex: <u>Male</u></p> <p>Date of Birth: <u>1934</u></p> <p>Place of Birth: <u>Idaho</u></p> <p>City or Town of Birth: <u>Idaho</u></p> <p>State of Birth: <u>Idaho</u></p> <p>County of Birth: <u>Idaho</u></p> <p>Signature of Registrar: <u>[Signature]</u></p> <p>Date of Issuance: <u>1934</u></p>		<p>REGISTERED</p> <p>Full Name of Father: <u>Scott</u></p> <p>Full Name of Mother: <u>Scott</u></p> <p>Child's Name: <u>Scott</u></p> <p>Sex: <u>Male</u></p> <p>Date of Birth: <u>1934</u></p> <p>Place of Birth: <u>Idaho</u></p> <p>City or Town of Birth: <u>Idaho</u></p> <p>State of Birth: <u>Idaho</u></p> <p>County of Birth: <u>Idaho</u></p> <p>Signature of Registrar: <u>[Signature]</u></p> <p>Date of Issuance: <u>1934</u></p>	

993-107-219-219

DELAYED CERTIFICATE OF BIRTH

State File No. De56-1310

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Walter Barton Rich				2. Date (month) (day) (year) Of Birth March 7 1898	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Challis		b. City or Town of Birth Challis	
FATHER	6. Full Name of Father David Louis Rich				7. State or Country of Father's Birth Debreczen, Hungary	
MOTHER	8. Full Maiden Name of Mother Florence Lottia Barton				9. State or Country of Mother's Birth Shelton, Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Walter Barton Rich</i>	
NOTARY (Seal)	Subscribed and sworn to before me on November 30 19 56				11. Present Address of Registrant 4849 S. W. 26th Drive Portland 19, Oregon 12. Signature of Notary <i>Carl M. Rosebrook</i> 13. Notary Commission expires MY COMMISSION EXPIRES JAN. 27, 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING- RECORD 1.	Type of Document Affidavit by Parents		By whom issued and signed Florence Barton Rich David Louis Rich		Date issued May 21, 1941
	Date of Birth Mar. 7, 1898	Birth Place Challis, Idaho	Full Name of Mother Florence Barton Rich		Name of Father David Louis Rich
SUPPORTING RECORD 2.	Type of Document Statement by nurse who attended birth		By whom issued and signed Margaret Jenson		Date issued Sept. 17, 1956
	Date of Birth Mar. 7, 1898	Birth Place Challis, Idaho	Full Name of Mother Florence Barton Rich		Name of Father David Louis Rich
SUPPORTING RECORD 3.	Type of Document Discharge from U.S. Navy		By whom issued and signed U.S. Navy		Date issued Mar. 3, 1919
	Date of Birth Mar. 7, 1898	Birth Place Challis, Idaho	Full Name of Mother		Name of Father

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. L. Benson

Evidence reviewed by

Shirley Straubhar

Date Filed

Dec. 31, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

493-126-006-344

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-064

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Joseph Evans Mitchell				2. Date (month) (day) (year) Of Birth January 26, 1898	
	3. Color or Race white	4. Sex male	5. Place of Birth Shelley	a. County Bingham	b. City or Town of Birth Shelley, Idaho.	
FATHER	6. Full Name of Father James Mitchell				7. State or Country of Father's Birth Utah	
MOTHER	8. Full Maiden Name of Mother Mary Tamplin				9. State or Country of Mother's Birth Wales, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Joseph Evans Mitchell</i>		11. Present Address of Registrant Shelley, Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on December 6, 1956			12. Signature of Notary <i>Quayle</i>		13. Notary Commission expires June 16, 1959

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document Affidavit by Aunt		By whom issued and signed Sadie C. Mitchell		Date issued 12/12/1956
	Date of Birth Jan. 26, 1898	Birth Place Shelley, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 2-	Type of Document Insurance Record		By whom issued and signed Idaho Mutual Benefit Association		Date issued Jan. 22, 1943
	Date of Birth Jan. 26, 1898	Birth Place Shelley, Idaho	Full Name of Mother		Name of Father
SUPPORTING RECORD 3-	Type of Document Insurance Record		By whom issued and signed U.S. Treasury Dept.		Date issued 12/9/36
	Date of Birth Jan. 26, 1898	Birth Place Shelley, Idaho	Full Name of Mother Mary Tamplin		Name of Father James Mitchell

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. W. Benson</i>	Evidence reviewed by ss Shirley Straubhar	Date Filed Jan. 25, 1957

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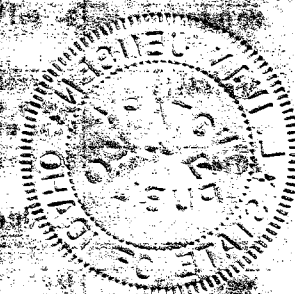
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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26



243-219-019-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-153

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth FRANCES MALILDA SULLIVAN				2. Date (month) (day) (year) Of Birth Dec. 19 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth CLAYTON, Custer	a. County	b. City or Town of Birth CLAYTON Idaho	
FATHER	6. Full Name of Father CORNELIUS J. SULLIVAN				7. State or Country of Father's Birth IRELAND	
MOTHER	8. Full Maiden Name of Mother SARAH A. HOBBS				9. State or Country of Mother's Birth MONTANA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant J. Matilda Ennis	
NOTARY (Seal)	Subscribed and sworn to before me on November 29 1956				11. Present Address of Registrant Clayton, Idaho	
	12. Signature of Notary J. Lessil Sharp				13. Notary Commission expires March 17 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Daughter's Birth Certificate		By whom issued and signed Idaho #168045		Date Issued Nov. 28, 1928	
	Date of Birth age 29	Birth Place Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 2.	Type of Document Affidavit by Brother		By whom issued and signed Cornie J. Sullivan		Date Issued 2-9-57	
	Date of Birth Dec. 19, 1898	Birth Place Clayton, Idaho	Full Name of Mother Sarah Hobbs Sullivan		Name of Father Cornelius J. Sullivan	
SUPPORTING RECORD 3.	Type of Document Insurance Policy		By whom issued and signed Occidental Life Insurance Company		Date Issued 3-18-40	
	Date of Birth Dec. 19, 1898	Birth Place Clayton, Idaho	Full Name of Mother		Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

ss **Shirley Straubhar**

Date Filed

Feb. 15, 1957

FEB 15 1967

[illegible]

354-1202-022-795 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De57-172
 Local Reg. No. _____
 Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth <u>Stella Pearl Lemmon, Jones,</u>				2. Date (month) (day) (year) Of Birth <u>January 2nd 1898</u>	
	3. Color or Race <u>White</u>	4. Sex <u>Female</u>	5. Place of Birth a. County <u>Fremont</u>		b. City or Town of Birth <u>Lewisville,</u>	
FATHER	6. Full Name of Father <u>Oliver Earnest Lemmon</u>				7. State or Country of Father's Birth <u>Salt Lake</u>	
MOTHER	8. Full Maiden Name of Mother <u>Pearl Green</u>				9. State or Country of Mother's Birth <u>Salt Lake</u>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>Stella L. Jones</u>	
NOTARY (Seal)	Subscribed and sworn to before me on <u>4th day of Feb., 1957</u>				11. Present Address of Registrant <u>Box 485 Rigby, Idaho</u>	
	12. Signature of Notary <u>W. H. Benson</u>				13. Notary Commission expires <u>March 26 1958</u>	

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document <u>Church record</u>		By whom issued and signed <u>Rigby 5th Ward, L.D.S Floyd R. Wood- Bishop</u>		Date issued <u>2-4-57</u>
	Date of Birth <u>Jan. 2, 1898</u>	Birth Place <u>Lewisville, Jefferson Co.</u>	Full Name of Mother <u>Pearl Green Lemmon</u>		Date Orig. Entry <u>More than 5 yrs. ago</u>
SUPPORTING RECORD 2-	Type of Document <u>affidavit by mother</u>		By whom issued and signed <u>Pearl Lemmon</u>		Date issued <u>11-2-51</u>
	Date of Birth <u>Jan. 2, 1898</u>	Birth Place <u>Fremont Co. (now Jefferson) Lewisville</u>	Full Name of Mother <u>Pearl Lemmon</u>		Name of Father <u>Oliver Ernest Lemmon</u>
SUPPORTING RECORD 3-	Type of Document <u>Daughter's Birth Cert.</u>		By whom issued and signed <u>Idaho #307157</u>		Date issued <u>12-19-40</u>
	Date of Birth <u>age 42</u>	Birth Place <u>Lewisville, Idaho</u>	Full Name of Mother		Name of Father

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. H. Benson</u>	Evidence reviewed by <u>ss Shirley Straubhar</u>	Date Filed <u>Feb. 21, 1957</u>

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

DATE OF BIRTH

FEB 26 1931

JAMES EARL RAYMOND

STATE OF MISSOURI

MALE

Lawrenceville

State of County of Jackson

Jefferson

State of County of Jackson

Jefferson

Present address of Registrar

Box 100

State of Missouri

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

WITNESSES

Signature of Registrar

Church Record

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

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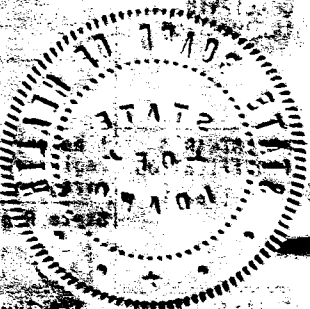
Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar

Signature of Registrar



REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Clemence LeNoir Jones,				2. Date (month) (day) (year) Of Birth December 13th 1898	
	3. Color or Race White	4. Sex Male	5. Place of Birth Rigby	a. County Fremont	b. City or Town of Birth Rigby	
FATHER	6. Full Name of Father William H. Jones,				7. State or Country of Father's Birth Cordiff, Wales,	
MOTHER	8. Full Maiden Name of Mother Annie Bambrrough				9. State or Country of Mother's Birth do not know the county, Pennsylvania State	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Clemence L. Jones</i>		11. Present Address of Registrant Box 485 Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on 4th day of February 57			12. Signature of Notary <i>Harold Lee</i>		13. Notary Commission expires March 26 1958

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Church record		By whom issued and signed Rigby 5th Ward, L.D.S. Floyd R. Wood, Bishop		Date Issued 2-4-57	Date Orig. Entry More than 5 yrs. ago
	Date of Birth Dec. 13, 1898	Birth Place Rigby, Idaho	Full Name of Mother Annie Bambrrough Jones		Name of Father William H. Jones	
SUPPORTING RECORD 2.	Type of Document Discharge Papers		By whom issued and signed U. S. Army		Date Issued 5-24-1919	Date Orig. Entry 12-20-1917
	Date of Birth age 19	Birth Place Rigby, Idaho	Full Name of Mother		Name of Father	
SUPPORTING RECORD 3.	Type of Document Affidavit by Sister		By whom issued and signed Vollie Jones Mason		Date Issued 11-2-51	Date Orig. Entry
	Date of Birth Dec. 13, 1898	Birth Place Fremont County Rigby, Idaho	Full Name of Mother Annie Jones		Name of Father William H. Jones	

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. H. Benson

Evidence reviewed by
SS Shirley Straubhar

Date Filed
Feb. 21, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

SECRET

DATE	TIME	LOCATION	REMARKS

SECRET

signature

...to the ...
...and ...

[illegible]

1990-1991

Date of birth 1910
 Place of birth
 Date of death
 Place of death

[illegible]

10-10-68

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10-10-68

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1115

1. The first of these is the fact that the majority of the population of the United States is of European descent. This is a fact which has been recognized by the government and the people of the United States for many years. It is a fact which has been recognized by the government and the people of the United States for many years.

Exhibits reviewed by

1. The first of these is the fact that the Commission has not yet received any information from the Government of the United Kingdom regarding the proposed changes to the law of the United Kingdom regarding the treatment of the British Commonwealth countries.

815-210-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-236

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Carline Annie Hansen</u>				2. Date (month) (day) (year) Birth <u>May</u> <u>10</u> <u>1898</u>		
	3. Color or Race <u>white</u>	4. Sex <u>F</u>	5. Place of Birth a. County <u>Bare Lake County</u>		b. City or Town of Birth <u>Bloomington</u>		
FATHER	6. Full Name of Father <u>John Hansen</u>				7. State or Country of Father's Birth <u>Utah</u>		
MOTHER	8. Full Maiden Name of Mother <u>Alice E. Bateman</u>				9. State or Country of Mother's Birth <u>England</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <u>CARLINE P. HANSEN GALL</u>		11. Present Address of Registrant <u>Willows, California</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>January 28</u> <u>19 57</u>				12. Signature of Notary <u>Betty Jacobs</u>		13. Notary Commission expires <u>October 28</u> <u>19 58</u>

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document <u>Affidavit by mother</u>		By whom issued and signed <u>Alice Bateman Hansen</u>	Date issued <u>2-8-57</u>	Date Orig. Entry
	Date of Birth <u>May 10,</u> <u>1898</u>	Birth Place <u>Bear Lake Co.,</u> <u>Bloomington, Ida.</u>	Full Name of Mother <u>Alice Bateman Hansen</u>	Name of Father <u>John Hansen</u>	
SUPPORTING RECORD 2.	Type of Document <u>Church Record</u>		By whom issued and signed <u>Salt Lake City, Utah</u> <u>L.D.S. Church</u>	Date issued <u>1-10-57</u>	Date Orig. Entry
	Date of Birth <u>May 10,</u> <u>1898</u>	Birth Place <u>Bloomington,</u> <u>Idaho</u>	Full Name of Mother <u>Alice Bateman</u>	Name of Father <u>John Hansen</u>	
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Metropolitan Life In-</u> <u>surance Company</u>	Date issued <u>9-10-1928</u>	Date Orig. Entry
	Date of Birth <u>age next</u> <u>birthday 31</u>	Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. H. Benson</u>	Evidence reviewed by <u>SS Shirley Straubhar</u>	Date Filed <u>Mar. 9, 1957</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

CONFIDENTIAL

1944-1945
1946-1947
1948-1949

100-443887-100

THE UNIVERSITY OF CHICAGO

100-443887-100

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1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

1950-1951

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1954

INVESTIGATIVE

THE NEW YORK PUBLIC LIBRARY

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SECRET

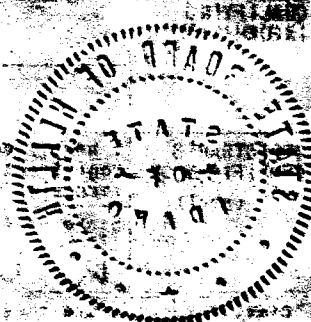
1959-1960

100

1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. Once the problem has been defined, the next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the underlying causes. Once the causes have been identified, the next step is to develop a plan to address the problem. This involves identifying the actions that need to be taken to address the problem and determining the resources that will be needed to implement the plan. Finally, the last step in the process is to implement the plan and monitor the results. This involves putting the plan into action and tracking the progress of the plan to ensure that the problem is being addressed effectively.

Page 10

一、二、三、四、五、六、七、八、九、十、十一、十二、十三、十四、十五、十六、十七、十八、十九、二十、二十一、二十二、二十三、二十四、二十五、二十六、二十七、二十八、二十九、三十、三十一、三十二、三十三、三十四、三十五、三十六、三十七、三十八、三十九、四十、四十一、四十二、四十三、四十四、四十五、四十六、四十七、四十八、四十九、五十、五十一、五十二、五十三、五十四、五十五、五十六、五十七、五十八、五十九、六十、六十一、六十二、六十三、六十四、六十五、六十六、六十七、六十八、六十九、七十、七十一、七十二、七十三、七十四、七十五、七十六、七十七、七十八、七十九、八十、八十一、八十二、八十三、八十四、八十五、八十六、八十七、八十八、八十九、九十、九十一、九十二、九十三、九十四、九十五、九十六、九十七、九十八、九十九、一百。



RECEIVED DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

State File No. **D457-285**

Local Reg. No. _____

Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Grace Darlene Wheeler					2. Date (month) (day) (year) Jan. 24 1898		
	3. Color or Race White	4. Sex Female	5. Place of Birth Wardner - Shoshone Co		6. City or Town of Birth Wardner, Idaho			
FATHER	6. Full Name of Father James Laton Wheeler					7. State or Country of Father's Birth Millard, Idaho Co - Mo.		
MOTHER	8. Full Maiden Name of Mother Lucy Viola Keeton					9. State or Country of Mother's Birth Kentucky		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <i>Grace Darlene Wheeler</i>		
NOTARY (Seal)	Subscribed and sworn to before me on Sept. 7th 1956					11. Present Address of Registrant 856 W. Vernon Ave. Los Angeles		
						12. Signature of Notary <i>Shirley Straubhar</i>		
						13. Notary Commission expires Dec 21-1957		

APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document Affidavit by Aunt		By whom issued and signed Selma, California Laura Ellen Wheeler	Date issued September 7, 1956	Date Orig. Entry 7, 1956
	Date of Birth January 24, 1898	Birth Place Wardner, Idaho Shoshone County	Full Name of Mother Lucy Viola Keeton	Name of Father James Laton Wheeler	
SUPPORTING RECORD 2.	Type of Document U.S. Census Record		By whom issued and signed U.S. Dept. of Commerce	Date issued 1-9-57	Date Orig. Entry June 1, 1900
	Date of Birth Jan. 1898	Birth Place Idaho	Full Name of Mother Lucy Wheeler	Name of Father James Wheeler	
SUPPORTING RECORD 3.	Type of Document Court Settlement of Deceased Father's Estate		By whom issued and signed Superior Court of Co. of Kings, State of California	Date issued 6-25-1917	Date Orig. Entry
	Date of Birth age 19	Birth Place 	Full Name of Mother 	Name of Father 	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>W. Benson</i>	Evidence reviewed by vr ss Shirley Straubhar	Date Filed Mar. 19, 1957

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 10

REGISTRATION
Date of Birth
Place of Birth
Sex
Color
Religion
Manner of Death

Date of Birth
Place of Birth
Sex
Color
Religion
Manner of Death

State of Idaho
County of Blaine
Name of Mother
Name of Father

Present Address of Registrant
Date of Registration
Name of Registrar

Attest: I, the undersigned, being a duly qualified Registrar of Births and Deaths in the County of Blaine, State of Idaho, do hereby certify that the foregoing is a true and correct copy of the original record on file in my office.

Attest: I, the undersigned, being a duly qualified Registrar of Births and Deaths in the County of Blaine, State of Idaho, do hereby certify that the foregoing is a true and correct copy of the original record on file in my office.

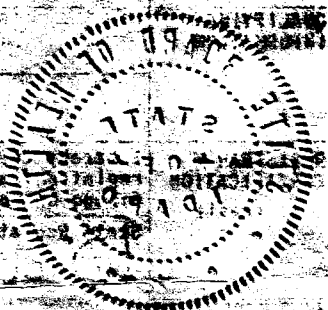
Attest: I, the undersigned, being a duly qualified Registrar of Births and Deaths in the County of Blaine, State of Idaho, do hereby certify that the foregoing is a true and correct copy of the original record on file in my office.

RECORDED
INDEXED

Class 2
RECORDING
RECORD 2

Class 2
RECORDING
RECORD 2

Class 2
RECORDING
RECORD 2



This is to certify that the foregoing is a true and correct copy of the original record on file in my office.

This is to certify that the foregoing is a true and correct copy of the original record on file in my office.

This is to certify that the foregoing is a true and correct copy of the original record on file in my office.

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-329

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>Dewey William Patton</u>			2. Date (month) (day) (year) Of Birth <u>July</u> <u>20</u> <u>1898</u>		
	3. Color or Race <u>White</u>	4. Sex <u>male</u>	5. Place of Birth a. County <u>Canyon now Payette</u>	b. City or Town of Birth <u>Payette</u>		
FATHER	6. Full Name of Father <u>Leon Hugh Patton</u>			7. State or Country of Father's Birth <u>Illinois</u>		
MOTHER	8. Full Maiden Name of Mother <u>Lillian Mary Berry</u>			9. State or Country of Mother's Birth <u>Iowa</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <u>Dewey W. Patton</u>		11. Present Address of Registrant <u>Box 2, Ontario, Oregon.</u>
NOTARY (Seal)	Subscribed and sworn to before me on <u>15th March</u> <u>1957</u>			12. Signature of Notary <u>W. E. M. Gary</u>		13. Notary Commission expires <u>4-6</u> <u>1960</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1.	Type of Document <u>Application for Social Security Account No.</u>		By whom issued and signed <u>U.S. Treasury Dept.</u>		Date issued <u>9-10-47</u>
	Date of Birth <u>July 20, 1898</u>	Birth Place <u>Payette Co., Payette, Idaho</u>	Full Name of Mother <u>Lillian M. Berry</u>		Name of Father <u>Leon H. Patton</u>
SUPPORTING RECORD 2.	Type of Document <u>Affidavit by Aunt</u>		By whom issued and signed <u>Vena Berry Stover</u>		Date issued <u>3-5-57</u>
	Date of Birth <u>July 20, 1898</u>	Birth Place <u>Payette, Idaho</u>	Full Name of Mother <u>Lillian Mary Berry Patton</u>		Name of Father <u>Leon Hugh Patton</u>
SUPPORTING RECORD 3.	Type of Document <u>Insurance Policy</u>		By whom issued and signed <u>Bankers Life Company</u>		Date issued <u>7-19-1929</u>
	Date of Birth <u>July 20, 1898</u>	Birth Place <u>Payette, Idaho</u>	Full Name of Mother <u>Lillian M. Patton</u>		Name of Father

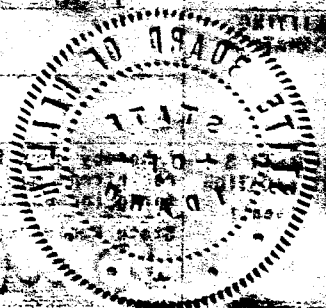
QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>W. Benson</u>	Evidence reviewed by <u>Shirley Straubhar</u>	Date Filed <u>March 28, 1957</u>

STATE OF ILLINOIS CERTIFICATE OF BIRTH

NOV 29 1967



Name of Child Leon J. [illegible]		Date of Birth 11-29-67		Place of Birth [illegible]	
Sex Male		Race White		Weight [illegible]	
Height [illegible]		Color of Eyes Blue		Color of Hair Brown	
Color of Skin Fair		Markings None		Signature of Physician [illegible]	
Signature of Mother [illegible]		Signature of Father [illegible]		Signature of Registrar [illegible]	
Date of Registration 11-29-67		Place of Registration [illegible]		Name of Registrar [illegible]	



It is hereby certified that the foregoing is a true and correct copy of the original record as the same appears in the files of the Department of Health, State of Illinois.

WITNESSED my hand and the seal of the Department of Health, State of Illinois, this 29th day of November, 1967.

Director, Department of Health, State of Illinois

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D657-358
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <u>ETHEL VEDAMEA HALEN</u>					2. Date (month) (day) (year) Of Birth <u>JULY 31ST 1898</u>		
	3. Color or Race <u>CAUCASIAN</u>	4. Sex <u>FEMALE</u>	5. Place of Birth <u>DEARY IDAHO</u>	a. County <u>LATAH</u>	b. City or Town of Birth <u>DEARY IDAHO</u>			
FATHER	6. Full Name of Father <u>GUST JOHN HALEN</u>					7. State or Country of Father's Birth <u>SWEDEN</u>		
MOTHER	8. Full Maiden Name of Mother <u>ANNA CHARLOTE SWENSON</u>					9. State or Country of Mother's Birth <u>SWEDEN</u>		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.					10. Signature of Registrant <u>Ethel Vedamea Tracy</u>		
NOTARY (Seal)	Subscribed and sworn to before me on <u>March 10 - 1950</u>					11. Present Address of Registrant <u>238 S. Alexandria St. Los Angeles 4 California</u>		
						12. Signature of Notary <u>Alexander Skenderian</u>		
						13. Notary Commission expires <u>My Commission Expires July 19, 1953</u>		

APPLICANT— DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1. Class* <u>B</u>	Type of Document <u>Census Record</u>		By whom issued and signed <u>Department of Commerce Bureau of the Census</u>	Date issued <u>1920 census</u>	Date Orig. Entry
	Date of Birth <u>21 years</u>	Birth Place <u>Idaho</u>	Full Name of Mother <u>Charlotte</u>	Name of Father <u>Gust J. Halen</u>	
SUPPORTING RECORD 2. Class <u>B</u>	Type of Document <u>School Record</u>		By whom issued and signed <u>Whitepine Ind. Class A School District No. 284</u>	Date issued <u>Oct. 2, 50</u>	Date Orig. Entry <u>yr 1911-12</u>
	Date of Birth <u>13 years old</u>	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class <u>A</u>	Type of Document <u>Affidavit regarding baptismal record</u>		By whom issued and signed <u>Zion Lutheran Church, Deary, Latah County, Ida.</u>	Date issued <u>8-7-53</u>	Date Orig. Entry <u>Sept. 15, 1898</u>
	Date of Birth <u>July 31, 1898</u>	Birth Place <u>---</u>	Full Name of Mother <u>Charlotte Halen</u>	Name of Father <u>Gustav Halen</u>	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <u>B. W. Benson</u>	Evidence reviewed by <u>mfe Nancy Richards</u>	Date Filed <u>4-4-57</u>

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

279-223-014-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Nettie Irene Springer			2. Date (month) (day) (year) Of Birth July 23, 1898	
	3. Color or Race White	4. Sex Female	5. Place of Birth a. County Canyon Co.	b. City or Town of Birth Caldwell	
FATHER	6. Full Name of Father John Lewis Springer			7. State or Country of Father's Birth Maine	
MOTHER	8. Full Maiden Name of Mother Ida Frances Craft			9. State or Country of Mother's Birth Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Nettie L. Springer</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>April 1</i> 1957			11. Present Address of Registrant <i>Caldwell, Idaho</i> 12. Signature of Notary <i>John F. Springer</i> 13. Notary Commission expires <i>May 7</i> 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Affidavit by mother		By whom issued and signed Ida F. Springer	Date issued 1-31-57	Date Orig. Entry
	Date of Birth 7-23-98	Birth Place Caldwell, Ida.	Full Name of Mother Ida F. Springer	Name of Father John Lewis Springer	
SUPPORTING RECORD 2.	Type of Document Census record		By whom issued and signed U.S. Dept. of Commerce	Date issued 2-13-57	Date Orig. Entry 6-1-00
	Date of Birth July, 1898	Birth Place Idaho	Full Name of Mother Ida F. Springer	Name of Father John L. Springer	
SUPPORTING RECORD 3.	Type of Document School record		By whom issued and signed Webster County, Nebr.	Date issued 1-29-57	Date Orig. Entry 7-22-08
	Date of Birth 7-23-98	Birth Place	Full Name of Mother Mrs. Ida Springer	Name of Father	

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. A. Benson

Evidence reviewed by

Nancy Richards

Date Filed

4-4-57

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中華民國二十九年五月二十日

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DATE 10-15-2001 BY 60322 UCBAW/STP

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Page 2 of 2

7-10-1964

WITNESSES:

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and if it is not possible to maintain the same level of security as in the past, the Government should consider the possibility of a new security system.

10-11-20

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A circular postmark from Dallas, Texas, dated September 10, 1964. The text "DALLAS TEXAS" is curved along the top inner edge, and "SEP 10 1964" is curved along the bottom inner edge. The center of the stamp contains the number "77172" and some faint, illegible markings.

599-222-035-261 DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

State File No. De57-364
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|-----------------------------------|--|-------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Seena Erickson | | | | | 2. Date (month) (day) (year)
Of Birth January 22 1898 | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
Idaho | | a. County
Nez Perce | b. City or Town of Birth
Craigmont, Idaho | |
| FATHER | 6. Full Name of Father
Andrew Erickson | | | | | 7. State or Country of Father's Birth
Norway | |
| MOTHER | 8. Full Maiden Name of Mother
Johanna Swangstu | | | | | 9. State or Country of Mother's Birth
Norway | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Seena Erickson Miller</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 20 1956 | | | | | 11. Present Address of Registrant
Spokane, Washington
4103 E. Sprague Ave | |
| | | | | | | 12. Signature of Notary
<i>P. H. Hansen</i> | |
| | | | | | | 13. Notary Commission expires
Jan 30 1958 | |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

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| SUPPORTING
RECORD 1. | Type of Document
Employment Application | | By whom issued and signed
Diamond Match Company
O.E. Miller-Special Asst. | | Date issued
Nov. 21, 1956 | Date Orig. Entry
Oct. 20, 1920 |
| | Date of Birth
Jan. 22, 1898 | Birth Place
Craigmont, Idaho | Full Name of Mother
Johanna Swangstu | | Name of Father
Andrew Erickson | |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Vote Registration | | By whom issued and signed
Belt Precinct-Spokane, Wash.
A.A. Brown-City Clerk | | Date issued
Sept. 27 1956 | Date Orig. Entry
Aug. 7, 1934 |
| | Date of Birth
age 36 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
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| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy Application | | By whom issued and signed
Colorado Life Co., Denver | | Date issued
--- | Date Orig. Entry
1-24-36 |
| | Date of Birth
Jan. 22, 1898 | Birth Place
Craigmont, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|--|-----------------------------|
| State Registrar
<i>W. L. Benson</i> | Evidence reviewed by
SS Nancy Richards | Date Filed
4-4-57 |
|--|--|-----------------------------|

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

1908

January 22

Craigmont, Idaho

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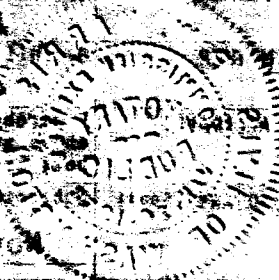
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366-227-004-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-380

| | | | | | | |
|--|---|-------------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Ann Lillian Toomer | | | 2. Date (month) (day) (year)
Of Birth August 27 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bear Lake | b. City or Town of Birth
Lanark | | |
| FATHER | 6. Full Name of Father
James Toomer, Jr. | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Agnes Parker | | | 9. State or Country of Mother's Birth
England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Ann Lillian Toomer</i> | | 11. Present Address of Registrant
<i>Montpelier Idaho
Box 256</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 1, 1957</i> | | | 12. Signature of Notary
<i>Samuel Smith</i>
<i>Clerk District Court</i> | | 13. Notary Commission expires
<i>Jan 1959</i> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|--|---|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Blessing | | By whom issued and signed
Montpelier 2nd Ward,
Montpelier Stake, L.D.S. | | Date Issued
2-18-57 |
| | Date of Birth
Aug. 27, 1898 | Birth Place
Bear Lake Co.,
Lanark, Idaho | Full Name of Mother
Agnes Parker | | Date Orig. Entry
10-2-1898 |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
Beneficial Life In-
surance Company | | Date Issued
6-12-31 |
| | Date of Birth
Aug. 27, 1898 | Birth Place
Lanark, Idaho | Full Name of Mother | | Name of Father
James Toomer, Jr. |
| SUPPORTING
RECORD 3- | Type of Document
Application for Social
Security Account Number | | By whom issued and signed
U. S. Treasury Dept. | | Date Issued
6-26-1941 |
| | Date of Birth
Aug 27, 1898 | Birth Place
Lanark, Idaho | Full Name of Mother
Agnes Parker | | Date Orig. Entry
6-26-1941 |
| QUALIFYING
INFORMATION | Name of Father
James Toomer Jr. | | | | |
| | | | | | |

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| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
SS Joyce B. Foltz | Date Filed
April 10, 1957 |

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC SAFETY

APR 11 1957

1957

August 27

Ann Lillian Toomer

Female
Rear View

Lamar

Uran

Lamar Toomer, Jr.

England

James Toomer

RECEIVED IN THE OFFICE OF THE
ATTORNEY GENERAL

APR 11 1957

Application for Social

U. S. Treasury Dept.

Security Account Number

6-28-1941

ARE 1958 January, Idaho

James Toomer

James Toomer Jr.



James E. Folger

James E. Folger

April 30 1957

291-227-016-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-392

| | | | | | | | |
|---|---|-------------------------|---|-----------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Sylvia Elizabeth Braden | | | | 2. Date (month) (day) (year)
Of Birth February 27, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Cassia | a. County | b. City or Town of Birth
Elba | | |
| FATHER | 6. Full Name of Father
William Harvey Braden | | | | 7. State or Country of Father's Birth
Iowa | | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Hanson | | | | 9. State or Country of Mother's Birth
Denmark | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Dyneria E. Moore</i> | | 11. Present Address of Registrant
<i>1407 N. 19th Boise</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 10 1957</i> | | 12. Signature of Notary
<i>Hazel L. Thurlbert.</i> | | 13. Notary Commission expires
<i>Sept. 28, 1960</i> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|-----------------------------------|---|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
Family Bible Record | | By whom issued and signed
Father - At time of Child's birth | | Date issued
Viewed by Vital Stat. | Date Orig. Entry
Appears very old |
| | Date of Birth
Feb. 27, 1898 | Birth Place
Elba, Idaho | Full Name of Mother
Elizabeth Hanson | | Name of Father
William H. Braden | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by Brother | | By whom issued and signed
J. L. Braden - Brother | | Date issued
4-10-57 | Date Orig. Entry |
| | Date of Birth
Feb. 27, 1898 | Birth Place
Elba, Idaho | Full Name of Mother
Elizabeth Hanson | | Name of Father
William Harvey Braden | |
| SUPPORTING RECORD 3. | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
Idaho #150218 | | Date issued
Child's Birthdate | Date Orig. Entry
March 3, 1927 |
| | Date of Birth
Age 29 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

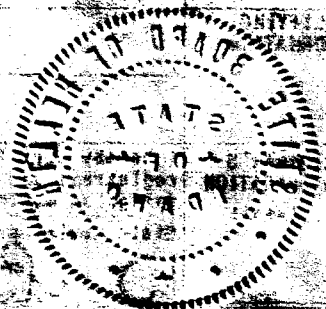
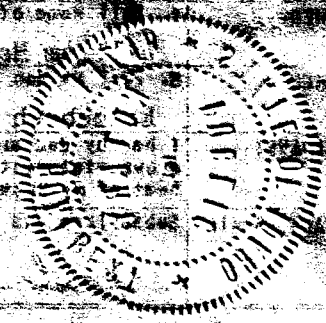
REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
Shirley Cooper | Date Filed
4-10-57 |

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

State of Delaware - 1935

| | | | |
|--|--|---|--|
| <p>DATE OF BIRTH: <u>APR 11 1935</u></p> | | <p>TIME OF BIRTH: <u>11:00 AM</u></p> | |
| <p>PLACE OF BIRTH: <u>Wilmington, Delaware</u></p> | | <p>NAME OF HOSPITAL: <u>St. Mary's Hospital</u></p> | |
| <p>NAME OF CHILD: <u>John Doe</u></p> | | <p>SEX: <u>Male</u></p> | |
| <p>DATE OF DEATH: <u>None</u></p> | | <p>CAUSE OF DEATH: <u>None</u></p> | |
| <p>NAME OF FATHER: <u>John Doe</u></p> | | <p>NAME OF MOTHER: <u>Jane Doe</u></p> | |
| <p>DATE OF BIRTH: <u>APR 11 1935</u></p> | | <p>TIME OF BIRTH: <u>11:00 AM</u></p> | |
| <p>PLACE OF BIRTH: <u>Wilmington, Delaware</u></p> | | <p>NAME OF HOSPITAL: <u>St. Mary's Hospital</u></p> | |
| <p>NAME OF CHILD: <u>John Doe</u></p> | | <p>SEX: <u>Male</u></p> | |
| <p>DATE OF DEATH: <u>None</u></p> | | <p>CAUSE OF DEATH: <u>None</u></p> | |
| <p>NAME OF FATHER: <u>John Doe</u></p> | | <p>NAME OF MOTHER: <u>Jane Doe</u></p> | |



| | | | | | | |
|--|---|--------------------|---------------------------------------|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Mary Florence Thain</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Oct. 16 1898</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>F</u> | 5. Place of Birth
<u>Nez Perce</u> | | a. County
<u>Melrose</u> | |
| FATHER | 6. Full Name of Father
<u>John Thain</u> | | | | 7. State or Country of Father's Birth
<u>Scotland</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Elsa Reed Lorimer</u> | | | | 9. State or Country of Mother's Birth
<u>Scotland</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Mary McFadden</u> | | 11. Present Address of Registrant
<u>1212 Shells, Lewiston</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>April 3 1957</u> | | | 12. Signature of Notary
<u>Nancy McRichards</u> | | 13. Notary Commission expires
<u>Aug. 29 1957</u> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--------------------------------------|--|-------------------------------------|--|
| SUPPORTING RECORD 1.

Class <u>B</u> | Type of Document
<u>Insurance Policy Application</u> | | By whom issued and signed
<u>Idaho Mutual Benefit Association</u> | Date issued
<u>8-26-44</u> | Date Orig. Entry
<u>Aug. 22, 1944</u> |
| | Date of Birth
<u>Oct. 16, 1898</u> | Birth Place
<u>Melrose, Idaho</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>----</u> | |
| SUPPORTING RECORD 2.

Class <u>A</u> | Type of Document
<u>Census Record</u> | | By whom issued and signed | Date issued | Date Orig. Entry |
| | Date of Birth
<u>Oct. 1898</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Elsa R. Thain</u> | Name of Father
<u>John Thain</u> | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #209631</u> | Date issued | Date Orig. Entry
<u>child born Dec. 7, 1932</u> |
| | Date of Birth
<u>age 34</u> | Birth Place
<u>Melrose, Idaho</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>----</u> | |

| | | | |
|----------------------------------|--|---|-------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. Benson</u> | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>April 11, 1957</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

168-225-032-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-404

| | | | | | | |
|--|---|--------------------|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MATIE BEATRICE JOHNSTON | | | 2. Date (month) (day) (year)
of Birth OCT. 25 1898 | | |
| | 3. Color or Race
WHITE | 4. Sex
F | 5. Place of Birth
Gooding, Lincoln Co. | b. City or Town of Birth
Gooding, IDAHO | | |
| FATHER | 6. Full Name of Father
JOHN BURKE JOHNSTON | | | 7. State or Country of Father's Birth
LADONIA MISSOURI | | |
| MOTHER | 8. Full Maiden Name of Mother
NELLIE GRACE HILL | | | 9. State or Country of Mother's Birth
FAIRFIELD IOWA | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Matie Beatrice Johnston</i> | | 11. Present Address of Registrant
EMMETT, IDAHO |
| NOTARY (Seal) | Subscribed and sworn to before me on
4-9 1957 | | | 12. Signature of Notary
<i>Paul Danner</i> | | 13. Notary Commission Expires
3-3 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--------------------------------------|--|---|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Own Son's Birth Certificate | | By whom issued and signed
State of Nebraska | | Date Issued
February 12, 1937 | Date Orig. Entry
February 12, 1937 |
| | Date of Birth
Oct. 25, 1898 | Birth Place
Gooding, Ida. | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
Royal Neighbors of America | | Date issued
Feb. 11, 1952 | Date Orig. Entry |
| | Date of Birth
Oct. 25, 1898 | Birth Place
Gooding, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by Mother | | By whom issued and signed
Nellie Grace Johnston | | Date issued
4-9-57 | Date Orig. Entry |
| | Date of Birth
Oct. 25, 1898 | Birth Place
Gooding, Idaho | Full Name of Mother
Nellie Grace Johnston | | Name of Father
John Burke Johnston | |
| QUALIFYING
INFORMATION | Photostatic copy of original application for Social Security Account Number. | | | | | |
| | Birthdate: October 25, 1898. Birthplace: Gooding, Idaho. Parent's Names: Nellie Grace Hill and John Burke Johnston. Date issued: June 18, 1937. | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | Evidence reviewed by
Shirley Cooper | | Date Filed
April 15, 1957 |
| | State Registrar
<i>W. Benson</i> | | | | | |

OFFICE OF THE SECRETARY OF STATE
UNITED STATES OF AMERICA

APR 16 1957

| | | | |
|---|--|---|--|
| Name of Applicant
JOHN J. HILL | | Date of Birth
1911 | |
| Place of Birth
ILLINOIS | | Date of Issuance
APR 16 1957 | |
| Occupation
None | | Signature
JOHN J. HILL | |
| Address
1111 N. 1st St.
Chicago, Ill. | | Remarks
None | |
| Date of Expiration
None | | Official Seal
UNITED STATES OF AMERICA | |
| Name of Issuing Officer
JOHN J. HILL | | Signature of Issuing Officer
JOHN J. HILL | |
| Date of Issuance
APR 16 1957 | | Official Seal
UNITED STATES OF AMERICA | |
| Name of Applicant
JOHN J. HILL | | Date of Birth
1911 | |
| Place of Birth
ILLINOIS | | Date of Issuance
APR 16 1957 | |
| Occupation
None | | Signature
JOHN J. HILL | |
| Address
1111 N. 1st St.
Chicago, Ill. | | Remarks
None | |
| Date of Expiration
None | | Official Seal
UNITED STATES OF AMERICA | |
| Name of Issuing Officer
JOHN J. HILL | | Signature of Issuing Officer
JOHN J. HILL | |
| Date of Issuance
APR 16 1957 | | Official Seal
UNITED STATES OF AMERICA | |

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De57-406
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|------------------------------------|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Nina Patricia Gilbert</u> | | | | 2. Date of Birth
(month) (day) (year)
<u>Jan. 25 1898</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>Canyon</u> | | 6. City or Town of Birth
<u>between Notus & Parma, Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>Edgar Platt Gilbert</u> | | | | 7. State or Country of Father's Birth
<u>Idaho</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Anna Louise Ronan</u> | | | | 9. State or Country of Mother's Birth
<u>Canada</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Nina Patricia Gilbert</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 13 19 55</u> | | | | 11. Present Address of Registrant
<u>3215 Fleming St
Boise, Idaho</u>
Notary Commission expires
<u>August 25 19 55</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|---|--|------------------|
| SUPPORTING
RECORD 1. | Type of Document
<u>Certificate of Baptism</u> | | By whom issued and signed
<u>St. John's Cathedral
Boise, Idaho</u> | Date issued
<u>April 27, 1898</u> | Date Orig. Entry |
| | Date of Birth
<u>Jan. 25, 1898</u> | Birth Place | Full Name of Mother
<u>Anna Ronan</u> | Name of Father
<u>Edgar P. Gilbert</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Affidavit by Father</u> | | By whom issued and signed
<u>Edgar P. Gilbert - Father</u> | Date issued
<u>12-2-55</u> | Date Orig. Entry |
| | Date of Birth
<u>Jan. 25, 1898</u> | Birth Place
<u>between Notus & Parma, Idaho</u> | Full Name of Mother
<u>Anna Louise Ronan</u> | Name of Father
<u>Edgar P. Gilbert</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Own Child's Birth Certificate</u> | | By whom issued and signed
<u>State of Idaho #90479</u> | Date issued
<u>Child's Birthdate
April 13, 1921</u> | Date Orig. Entry |
| | Date of Birth
<u>Age 23</u> | Birth Place
<u>Notus, Idaho</u> | Full Name of Mother | Name of Father | |

QUALIFYING
INFORMATION

| | | | |
|--|--|---|-------------------------------------|
| REGISTRAR'S
CERTIFICATION
(Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. Benson</u> | Evidence reviewed by
<u>Shirley Cooper</u> | Date Filed
<u>April 15, 1957</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DELATED CERTIFICATE OF BIRTH

STATE OF OHIO

1911

NESTLANT

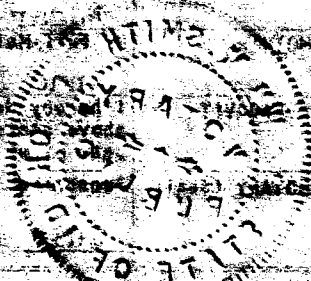
Place where
of birth was
of birth

FATHER

Place of birth of father
Name of mother

Place of birth of mother

Place of birth of mother
Place of birth of mother



3 Date of birth

Birth

Place of birth of child

Place of birth of child

Place of birth of mother's birth

Place of birth

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration

Place of birth of registration



236-104-021-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-414

| | | | | | | | |
|--|---|-------------|--------------------------------|--------------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Melvin Housley Stones | | | | 2. Date (month) (day) (year)
Of Birth 2 4 1898 | | |
| | 3. Color or Race
White | 4. Sex
M | 5. Place of Birth
Mapleton, | a. County (Oneida)
Franklin (now) | b. City or Town of Birth
Mapleton | | |
| FATHER | 6. Full Name of Father
Joseph Aaron Stones | | | | 7. State or Country of Father's Birth
Nebraska | | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Eliza Housley | | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Melvin Housley Stones</i> | | 11. Present Address of Registrant
Downey, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 6, 19 57 | | | | 12. Signature of Notary
<i>B. A. Sawyer</i> | | 13. Notary Commission expires
11/16 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Church Record | | By whom issued and signed
Cambridge Ward, Portneuf
Stake, LDS Church | | Date issued
1-11-20 | Date Orig. Entry
July 1, 1906 |
| | Date of Birth
Feb. 4,
1898 | Birth Place
Oneida County
Mapleton, Idaho | Full Name of Mother
Annie E. Housley | | Name of Father
Joseph A. Stones | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
Idaho Mutual Benefit Assoc.
Boise, Idaho | | Date issued
8-24-39 | Date Orig. Entry
Aug. 21, 1939 |
| | Date of Birth
Feb. 4,
1898 | Birth Place
Mapleton, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth
certificate | | By whom issued and signed
Idaho #256609 | | Date issued | Date Orig. Entry
child born
July 12, 1937 |
| | Date of Birth
age 39 | Birth Place
Mapleton, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

| | | | |
|--|--|--|------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
April 17, 1957 |

395-219-044-815

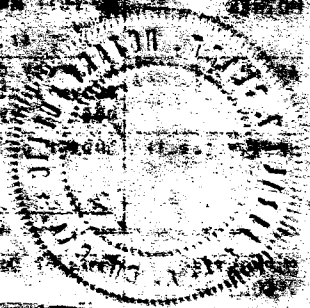
STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-427

| | | | | | |
|--|--|--------------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Olive Ann Creason</i> | | | 2. Date (month) (day) (year)
Of Birth <i>May 19 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Meadows</i> | a. County
<i>Meadows</i> | |
| FATHER | 6. Full Name of Father
<i>William Theodore Creason</i> | | | 7. State or Country of Father's Birth
<i>Illinois</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Lena Marguerite Hansen</i> | | | 9. State or Country of Mother's Birth
<i>Denmark</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Olive Ann Means</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>23rd of March 1957</i> | | | 11. Present Address of Registrant
<i>Downey, California</i> | |
| | | | | 12. Signature of Notary
<i>Gerald V. Clark</i> | |
| | | | | 13. Notary Commission Expires
<i>April 1, 1957</i> | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
<i>Insurance policy</i> | | By whom issued and signed
<i>Union Central Life Insurance Company, Cincinnati</i> | | Date issued
<i>11-6-29</i> |
| | Date of Birth
<i>May 19, 1898</i> | Birth Place
<i>Meadows, Idaho</i> | Full Name of Mother
<i>-</i> | | Name of Father
<i>-</i> |
| SUPPORTING
RECORD 2. | Type of Document
<i>certified copy daughter's birth certificate</i> | | By whom issued and signed
<i>Oregon State Board of Health</i> | | Date issued
<i>1-21-52</i> |
| | Date of Birth
<i>age 24</i> | Birth Place
<i>Meadows, Idaho</i> | Full Name of Mother
<i>-</i> | | Name of Father
<i>child born 11-17-22</i> |
| SUPPORTING
RECORD 3. | Type of Document
<i>age 72 Affidavit by sister</i> | | By whom issued and signed
<i>Effie Creason Clark</i> | | Date issued
<i>4-6-57</i> |
| | Date of Birth
<i>May 19, 1898</i> | Birth Place
<i>Meadows, Idaho</i> | Full Name of Mother
<i>Lena Marguerite Hansen</i> | | Name of Father
<i>William Theodore Creason</i> |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | Evidence reviewed by
<i>nr Nancy Richards</i> | |
| | State Registrar
<i>W. Benson</i> | | | Date Filed
<i>April 18, 1957</i> | |

DEATH CERTIFICATE OF BIRTH
STATE OF TEXAS

APR 19



| | | | | | | | | | |
|---------------|----------------|---------------|-----|-----|---------------|----------------|---------------|-----|-----|
| DATE OF BIRTH | PLACE OF BIRTH | NAME OF BIRTH | SEX | AGE | DATE OF DEATH | PLACE OF DEATH | NAME OF DEATH | SEX | AGE |
| 1-1-25 | ... | ... | ... | ... | 1-1-25 | ... | ... | ... | ... |
| ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |



| | | | | | |
|--|---|-----------------------|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Lewis Hagub | | | 2. Date (month) (day) (year)
Of Birth October 22, 1898 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Cassia | b. City or Town of Birth
Oakley | |
| FATHER | 6. Full Name of Father
Lemuel Thomas Hague | | | 7. State or Country of Father's Birth
Springville Utah. | |
| MOTHER | 8. Full Maiden Name of Mother
Mary E. Dayley | | | 9. State or Country of Mother's Birth
Deep Creek Utah. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Lewis Hague</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 12, 1957 | | | 11. Present Address of Registrant
Oakley, Idaho. | |
| | 12. Signature of Notary
<i>S. H. Kinnell</i> | | | 13. Notary Commission expires
March 1st 1959. | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|-------------------------------------|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Application for Social Security Account Number | | By whom issued and signed
Treasury Department | Date issued | Date Orig. Entry
Aug. 30, 1937 |
| | Date of Birth
Oct. 22, 1898 | Birth Place
Oakley, Idaho | Full Name of Mother
Mary Dayley | Name of Father
Lemuel Hague | |
| SUPPORTING
RECORD 2. | Type of Document
School Record | | By whom issued and signed
Cassia County Schools
Burley, Idaho | Date issued
3-13-57 | Date Orig. Entry
Sept. 1908 |
| | Date of Birth
Oct. 22, 1898 | Birth Place
Oakley, Idaho | Full Name of Mother
Mary Dayley Hague | Name of Father
Lemuel Thomas Hague | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by person present at birth | | By whom issued and signed
Addie Sanford Bunn | Date issued
4-16-57 | Date Orig. Entry |
| | Date of Birth
Oct. 22, 1898 | Birth Place
Oakley, Idaho | Full Name of Mother
Mary E. Dayley | Name of Father
Lemuel Thomas Hague | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--|-------------------------------------|
| REGISTRAR'S
CERTIFICATION
(Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>H. C. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
April 22, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

HTP-9 76 37A017 7931 022A 10

DEPT 22 4175

APR 23 1957

regain strength from

1944-45

10-11-68

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

... ..

100

100-443887-100

SECRET

10-10-68

[illegible]

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

[illegible]

1950

1944

YOU CAN'T BE

10-11-1964

100-443887-100

... ..

1. *Introduction*

11

13 10 74 02 0041 071

1950

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... ..

A circular postmark from the United States Post Office, New York. The text "UNITED STATES POST OFFICE" is arranged in a circle around the perimeter. In the center, the year "1910" is printed. The postmark is stamped in black ink on a light-colored background.

413-222-006-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-445

| | | | | | | | |
|--|---|-------------------------|---|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Rosa May Mathews | | | | 2. Date (month) (day) (year)
Of Birth December 22, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bingham | | b. City or Town of Birth
Riverside, Idaho | | |
| FATHER | 6. Full Name of Father
William Henry Mathews | | | | 7. State or Country of Father's Birth
Ogden, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Abh Iverson Mathews | | | | 9. State or Country of Mother's Birth
Hyrum, Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Rosa May Mathews Davis</i> | | 11. Present Address of Registrant
456 West Sherman,
Pocatello, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 2, 19 57 | | | | 12. Signature of Notary
<i>Leah [Signature]</i> | | 13. Notary Commission expires
June 13, 19 59. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|---------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by aunt | | age 71 | By whom issued and signed
Martha Thyberg | Date issued
4-2-57 | Date Orig. Entry |
| | Date of Birth
Dec 22, 1898 | Birth Place
Bingham County
Riverside, Idaho | | Full Name of Mother
Sarah Iverson Mathews | Name of Father
William Henry Mathews | |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Baptism
and Confirmation | | | By whom issued and signed
Pocatello Ward,
LDS Church | Date issued
9-1-07 | Date Orig. Entry
Aug. 31, 1907 |
| | Date of Birth
Dec 22, 1898 | Birth Place
Bingham County
Riverside, Idaho | | Full Name of Mother
Sarah A. Iversen | Name of Father
W. H. Mathews | |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth
certificate | | | By whom issued and signed
Idaho #92707 | Date issued | Date Orig. Entry
child born
April 21, 1921 |
| | Date of Birth
age 22 | Birth Place
Idaho | | Full Name of Mother
--- | Name of Father
--- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. H. Benson

Evidence reviewed by

Nancy Richards

Date Filed

April 23, 1957

STATE OF ILLINOIS DELAYED CERTIFICATE OF BIRTH

APR 24 1909

| | | | |
|--|--|---|--|
| 1. Name of child at birth
[Illegible] | | 2. Sex
[Illegible] | |
| 3. Date of birth
[Illegible] | | 4. Place of birth
[Illegible] | |
| 5. Name of mother
[Illegible] | | 6. Name of father
[Illegible] | |
| 7. State of birth of mother
[Illegible] | | 8. State of birth of father
[Illegible] | |
| 9. Name of mother at birth
[Illegible] | | 10. Name of father at birth
[Illegible] | |
| 11. Name of mother at present
[Illegible] | | 12. Name of father at present
[Illegible] | |
| 13. Name of mother at present
[Illegible] | | 14. Name of father at present
[Illegible] | |
| 15. Name of mother at present
[Illegible] | | 16. Name of father at present
[Illegible] | |
| 17. Name of mother at present
[Illegible] | | 18. Name of father at present
[Illegible] | |
| 19. Name of mother at present
[Illegible] | | 20. Name of father at present
[Illegible] | |
| 21. Name of mother at present
[Illegible] | | 22. Name of father at present
[Illegible] | |
| 23. Name of mother at present
[Illegible] | | 24. Name of father at present
[Illegible] | |
| 25. Name of mother at present
[Illegible] | | 26. Name of father at present
[Illegible] | |
| 27. Name of mother at present
[Illegible] | | 28. Name of father at present
[Illegible] | |
| 29. Name of mother at present
[Illegible] | | 30. Name of father at present
[Illegible] | |
| 31. Name of mother at present
[Illegible] | | 32. Name of father at present
[Illegible] | |
| 33. Name of mother at present
[Illegible] | | 34. Name of father at present
[Illegible] | |
| 35. Name of mother at present
[Illegible] | | 36. Name of father at present
[Illegible] | |
| 37. Name of mother at present
[Illegible] | | 38. Name of father at present
[Illegible] | |
| 39. Name of mother at present
[Illegible] | | 40. Name of father at present
[Illegible] | |
| 41. Name of mother at present
[Illegible] | | 42. Name of father at present
[Illegible] | |
| 43. Name of mother at present
[Illegible] | | 44. Name of father at present
[Illegible] | |
| 45. Name of mother at present
[Illegible] | | 46. Name of father at present
[Illegible] | |
| 47. Name of mother at present
[Illegible] | | 48. Name of father at present
[Illegible] | |
| 49. Name of mother at present
[Illegible] | | 50. Name of father at present
[Illegible] | |
| 51. Name of mother at present
[Illegible] | | 52. Name of father at present
[Illegible] | |
| 53. Name of mother at present
[Illegible] | | 54. Name of father at present
[Illegible] | |
| 55. Name of mother at present
[Illegible] | | 56. Name of father at present
[Illegible] | |
| 57. Name of mother at present
[Illegible] | | 58. Name of father at present
[Illegible] | |
| 59. Name of mother at present
[Illegible] | | 60. Name of father at present
[Illegible] | |
| 61. Name of mother at present
[Illegible] | | 62. Name of father at present
[Illegible] | |
| 63. Name of mother at present
[Illegible] | | 64. Name of father at present
[Illegible] | |
| 65. Name of mother at present
[Illegible] | | 66. Name of father at present
[Illegible] | |
| 67. Name of mother at present
[Illegible] | | 68. Name of father at present
[Illegible] | |
| 69. Name of mother at present
[Illegible] | | 70. Name of father at present
[Illegible] | |
| 71. Name of mother at present
[Illegible] | | 72. Name of father at present
[Illegible] | |
| 73. Name of mother at present
[Illegible] | | 74. Name of father at present
[Illegible] | |
| 75. Name of mother at present
[Illegible] | | 76. Name of father at present
[Illegible] | |
| 77. Name of mother at present
[Illegible] | | 78. Name of father at present
[Illegible] | |
| 79. Name of mother at present
[Illegible] | | 80. Name of father at present
[Illegible] | |
| 81. Name of mother at present
[Illegible] | | 82. Name of father at present
[Illegible] | |
| 83. Name of mother at present
[Illegible] | | 84. Name of father at present
[Illegible] | |
| 85. Name of mother at present
[Illegible] | | 86. Name of father at present
[Illegible] | |
| 87. Name of mother at present
[Illegible] | | 88. Name of father at present
[Illegible] | |
| 89. Name of mother at present
[Illegible] | | 90. Name of father at present
[Illegible] | |
| 91. Name of mother at present
[Illegible] | | 92. Name of father at present
[Illegible] | |
| 93. Name of mother at present
[Illegible] | | 94. Name of father at present
[Illegible] | |
| 95. Name of mother at present
[Illegible] | | 96. Name of father at present
[Illegible] | |
| 97. Name of mother at present
[Illegible] | | 98. Name of father at present
[Illegible] | |
| 99. Name of mother at present
[Illegible] | | 100. Name of father at present
[Illegible] | |



THIS CERTIFICATE OF BIRTH IS ISSUED IN ACCORDANCE WITH THE ACT OF THE LEGISLATURE OF THE STATE OF ILLINOIS, PASSED MARCH 1, 1909, CHAP. 111, SEC. 1, WHICH ACT AUTHORIZES THE DEPARTMENT OF PUBLIC HEALTH TO ISSUE SUCH CERTIFICATES OF BIRTH AS MAY BE REQUIRED BY THE LEGISLATURE.

State of Illinois
 Department of Public Health
 Office of the Registrar
 Chicago, Illinois

336225-086-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-510

| | | | | | | |
|---|---|------------------|-----------------------------|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Ollie Lloyd | | | | 2. Date (month) (day) (year)
Of Birth December 25, 1898 | |
| | 3. Color or Race
White U.S. | 4. Sex
Female | 5. Place of Birth
Cassia | a. County | b. City or Town of Birth
Elba, Idaho | |
| FATHER | 6. Full Name of Father
William John Lloyd | | | | 7. State or Country of Father's Birth
London, England | |
| MOTHER | 8. Full Maiden Name of Mother
Rachel Wilson | | | | 9. State or Country of Mother's Birth
London, England | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Ollie Lloyd | | 11. Present Address of Registrant
Almo, Cassia County, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 22, 1957 | | | 12. Signature of Notary
Joseph F. O'Connell | | 13. Notary Commission expires
July 1, 1958 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--|---|--------------------------------------|------------------------------------|
| SUPPORTING RECORD 1- | Type of Document
Application for Social Security Account Number | | By whom issued and signed
Treasury Department | Date issued | Date Orig. Entry
April 30, 1951 |
| | Date of Birth
Dec. 25, 1898 | Birth Place
Cassia County Elba, Idaho | Full Name of Mother
Rachel Wilson | Name of Father
William John Lloyd | |
| SUPPORTING RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
New York Life Ins. Co. | Date issued
8-28-47 | Date Orig. Entry
July 22, 1947 |
| | Date of Birth
Dec. 25, 1898 | Birth Place
Elba, Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by neighbor at time of birth -- age 76 | | By whom issued and signed
Helen Louise Ward | Date issued
5-6-57 | Date Orig. Entry |
| | Date of Birth
Dec. 25, 1898 | Birth Place
Cassia County Elba, Idaho | Full Name of Mother
Rachel Wilson | Name of Father
William John Lloyd | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|----------------------------|
| REGISTRAR'S CERTIFICATION
(Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
nr Nancy Richards | Date Filed
May 16, 1957 |

DECEASED CERTIFICATE OF BIRTH
STATE OF IOWA

STATE BOARD OF HEALTH

1914



| | | | | | |
|---------------------|--|--------------------|--|---------------------|--|
| 1. Name of deceased | | 2. Date of death | | 3. Place of death | |
| 4. Name of mother | | 5. Date of birth | | 6. Place of birth | |
| 7. Name of father | | 8. Date of birth | | 9. Place of birth | |
| 10. Name of mother | | 11. Date of birth | | 12. Place of birth | |
| 13. Name of father | | 14. Date of birth | | 15. Place of birth | |
| 16. Name of mother | | 17. Date of birth | | 18. Place of birth | |
| 19. Name of father | | 20. Date of birth | | 21. Place of birth | |
| 22. Name of mother | | 23. Date of birth | | 24. Place of birth | |
| 25. Name of father | | 26. Date of birth | | 27. Place of birth | |
| 28. Name of mother | | 29. Date of birth | | 30. Place of birth | |
| 31. Name of father | | 32. Date of birth | | 33. Place of birth | |
| 34. Name of mother | | 35. Date of birth | | 36. Place of birth | |
| 37. Name of father | | 38. Date of birth | | 39. Place of birth | |
| 40. Name of mother | | 41. Date of birth | | 42. Place of birth | |
| 43. Name of father | | 44. Date of birth | | 45. Place of birth | |
| 46. Name of mother | | 47. Date of birth | | 48. Place of birth | |
| 49. Name of father | | 50. Date of birth | | 51. Place of birth | |
| 52. Name of mother | | 53. Date of birth | | 54. Place of birth | |
| 55. Name of father | | 56. Date of birth | | 57. Place of birth | |
| 58. Name of mother | | 59. Date of birth | | 60. Place of birth | |
| 61. Name of father | | 62. Date of birth | | 63. Place of birth | |
| 64. Name of mother | | 65. Date of birth | | 66. Place of birth | |
| 67. Name of father | | 68. Date of birth | | 69. Place of birth | |
| 70. Name of mother | | 71. Date of birth | | 72. Place of birth | |
| 73. Name of father | | 74. Date of birth | | 75. Place of birth | |
| 76. Name of mother | | 77. Date of birth | | 78. Place of birth | |
| 79. Name of father | | 80. Date of birth | | 81. Place of birth | |
| 82. Name of mother | | 83. Date of birth | | 84. Place of birth | |
| 85. Name of father | | 86. Date of birth | | 87. Place of birth | |
| 88. Name of mother | | 89. Date of birth | | 90. Place of birth | |
| 91. Name of father | | 92. Date of birth | | 93. Place of birth | |
| 94. Name of mother | | 95. Date of birth | | 96. Place of birth | |
| 97. Name of father | | 98. Date of birth | | 99. Place of birth | |
| 100. Name of mother | | 101. Date of birth | | 102. Place of birth | |

This certificate is valid only when signed by the Division of Vital Statistics and the State Board of Health. It is not valid if signed by any other authority.

Date of issue: _____

296-206.035-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-514

| | | | | | | | |
|--|---|-------------------------|----------------------------------|-------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Calastine Prudence Brooks.</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>August 6th 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Home</i> | a. County
<i>Nez Perce</i> | b. City or Town of Birth
<i>Illo, Idaho.</i> | | |
| FATHER | 6. Full Name of Father
<i>Seneber S. Brooks.</i> | | | | 7. State or Country of Father's Birth
<i>Oregon</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Alwilda Victoria Forgey</i> | | | | 9. State or Country of Mother's Birth
<i>Oregon</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Prudence S. Scfield</i> | | 11. Present Address of Registrant
<i>Sitka Alaska.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 21 1957</i> | | | | 12. Signature of Notary
<i>James I. Johnson</i> | | 13. Notary Commission expires
<i>May 8 1957</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|----------------------------|--|-------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Application for Social
Security Account Number | | By whom issued and signed
Treasury Department | Date issued | Date Orig. Entry
April 23, 1937 |
| | Date of Birth
Aug. 6,
1898 | Birth Place
Illo, Idaho | Full Name of Mother
Victoria Alwilda Forgey | Name of Father
Seneber S. Brooks | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth
certificate | | By whom issued and signed
Idaho #156395 | Date issued | Date Orig. Entry
child born
Sept. 6, 1927 |
| | Date of Birth
age 29 | Birth Place
Illo, Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
age 71
Affidavit by person present
at birth | | By whom issued and signed
Blanche B. Fine | Date issued
3-13-57 | Date Orig. Entry |
| | Date of Birth
Aug. 6, 1898 | Birth Place
Illo, Idaho | Full Name of Mother
Victoria Brooks | Name of Father
Seneber Brooks | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|----------------------------|
| REGISTRAR'S
CERTIFICATION
(Seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. I. Benson</i> | Evidence reviewed by
mr Nancy Richards | Date Filed
May 16, 1957 |

2 copies paid

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

MAY 16 1957

| | | | | |
|------------------------------|--------------------------|-----------------------------|---------------------------|----------------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Name of father | 5. Name of mother |
| <i>John William Smith</i> | <i>May 10 1957</i> | <i>Wilmington, Delaware</i> | <i>John William Smith</i> | <i>Elizabeth Ann Smith</i> |
| 6. Name of child at present | 7. Date of present name | 8. Place of present name | 9. Name of father | 10. Name of mother |
| <i>John William Smith</i> | <i>May 10 1957</i> | <i>Wilmington, Delaware</i> | <i>John William Smith</i> | <i>Elizabeth Ann Smith</i> |
| 11. Name of child at present | 12. Date of present name | 13. Place of present name | 14. Name of father | 15. Name of mother |
| <i>John William Smith</i> | <i>May 10 1957</i> | <i>Wilmington, Delaware</i> | <i>John William Smith</i> | <i>Elizabeth Ann Smith</i> |



| | | | | |
|------------------------------|--------------------------|-----------------------------|---------------------------|----------------------------|
| 16. Name of child at present | 17. Date of present name | 18. Place of present name | 19. Name of father | 20. Name of mother |
| <i>John William Smith</i> | <i>May 10 1957</i> | <i>Wilmington, Delaware</i> | <i>John William Smith</i> | <i>Elizabeth Ann Smith</i> |
| 21. Name of child at present | 22. Date of present name | 23. Place of present name | 24. Name of father | 25. Name of mother |
| <i>John William Smith</i> | <i>May 10 1957</i> | <i>Wilmington, Delaware</i> | <i>John William Smith</i> | <i>Elizabeth Ann Smith</i> |



| | | | | |
|------------------------------|--------------------------|-----------------------------|---------------------------|----------------------------|
| 26. Name of child at present | 27. Date of present name | 28. Place of present name | 29. Name of father | 30. Name of mother |
| <i>John William Smith</i> | <i>May 10 1957</i> | <i>Wilmington, Delaware</i> | <i>John William Smith</i> | <i>Elizabeth Ann Smith</i> |
| 31. Name of child at present | 32. Date of present name | 33. Place of present name | 34. Name of father | 35. Name of mother |
| <i>John William Smith</i> | <i>May 10 1957</i> | <i>Wilmington, Delaware</i> | <i>John William Smith</i> | <i>Elizabeth Ann Smith</i> |

819-115-025-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-520

| | | | | | | | | |
|--|---|-----------------------|---------------------------------------|---------------------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Ray Floyd Harrah</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>September 15 1898</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>Whitebird</u> | a. County
<u>Idaho</u> | | b. City or Town of Birth
<u>same</u> | | |
| FATHER | 6. Full Name of Father
<u>Wilber Jackson Harrah</u> | | | | | 7. State or Country of Father's Birth
<u>Indiana</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Katherine A. Warfield</u> <i>Ray F Harrah</i> | | | | | 9. State or Country of Mother's Birth
<u>Oregon</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant | | 11. Present Address of Registrant
<u>Route 1 Kuna, Idaho.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 9 1957</u> | | | | | 12. Signature of Notary
<i>P. S. Pridel</i> | | 13. Notary Commission expires
<u>11/23/58</u> 19 <u> </u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|---|--|---|
| SUPPORTING
RECORD 1- | Type of Document <u>age 68</u>
<u>Affidavit by sister</u> | | By whom issued and signed
<u>Elbra Caroline Harrah Brown</u> | Date issued
<u>4-11-57</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 15, 1898</u> | Birth Place
<u>Whitebird, Idaho</u> | Full Name of Mother
<u>Katherine A. Warfield Harrah</u> | Name of Father
<u>Wilbur Jackson Harrah</u> | |
| SUPPORTING
RECORD 2- | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Commercial Travelers Ins. Co.</u> | Date issued
<u>6-11-48</u> | Date Orig. Entry
<u>June 11, 1948</u> |
| | Date of Birth
<u>Sept. 15, 1898</u> | Birth Place
<u>Whitebird, Idaho</u> | Full Name of Mother
<u>---</u> | Name of Father
<u>---</u> | |
| SUPPORTING
RECORD 3- | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #109634</u> | Date issued | Date Orig. Entry
<u>child born Feb. 10, 1923</u> |
| | Date of Birth
<u>age 24</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>---</u> | Name of Father
<u>---</u> | |

QUALIFYING INFORMATION

| | | | | | |
|--|--|--|---|--|-----------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Y. Benson</i> | | Evidence reviewed by
<u>Nancy Richards</u> | | Date Filed
<u>May 17, 1957</u> |

386-108-007-512

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-555**

| | | | | | |
|---|---|-----------------------|------------------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Merton Tremaine Thompson | | | 2. Date (month) (day) (year)
Of Birth Nov. 8 1898 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Hailey | a. County
Blaine | |
| FATHER | 6. Full Name of Father
Andrew Jackson Thompson | | | 7. State or Country of Father's Birth
Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Nora Lorena Eastwood | | | 9. State or Country of Mother's Birth
Kansas | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Merton Tremaine Thompson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 11, 19 57 | | | 11. Present Address of Registrant
Bellevue, Idaho | |
| | | | | 12. Signature of Notary
<i>Joseph W. Fuld</i> | |
| | | | | 13. Notary Commission expires
Feb. 24, 19 60 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|-------------------------------------|--|--|---|---|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by neighbor at time of birth (age 80) | | By whom issued and signed
John C. Braase | | Date Issued
4-24-57 | Date Orig. Entry |
| | Date of Birth
Nov. 8, 1898 | Birth Place
Hailey, Idaho | Full Name of Mother
--- | | Name of Father
Andrew J. Thompson | |
| SUPPORTING RECORD 2. | Type of Document
Honorable Discharge | | By whom issued and signed
U. S. Army | | Date Issued
3-17-45 | Date Orig. Entry
Inducted Aug. 27, 1942 |
| | Date of Birth
Nov. 8, 1898 | Birth Place
Hailey, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3. | Type of Document
Application for Social Security Account Number | | By whom issued and signed
Treasury Dept. | | Date Issued | Date Orig. Entry
May 2, 1938 |
| | Date of Birth
Nov. 8, 1898 | Birth Place
Hailey, Idaho | Full Name of Mother
Nora Eastwood | | Name of Father
Andrew J. Thompson | |

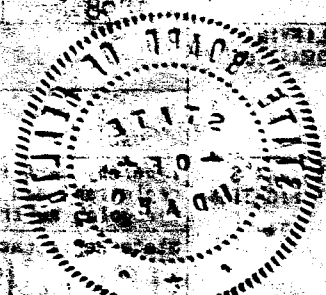
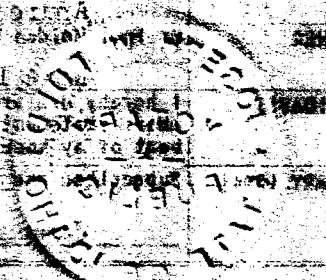
QUALIFYING INFORMATION

| | | | |
|--|--|---|-----------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
May 27, 1957 |

DECEASED CERTIFICATE OF BIRTH

DECEASED CERTIFICATE OF BIRTH

MAY 22 1967



| | | | | | |
|------------------------|--|-----------------------|--|------------------------|--|
| Name of deceased | | Date of birth | | Place of birth | |
| John Doe | | May 15 1920 | | New York City | |
| Sex | | Age at death | | Cause of death | |
| Male | | 47 years | | Heart disease | |
| Occupation | | Marital status | | Social Security Number | |
| Teacher | | Married | | 123-45-6789 | |
| Education | | Date of death | | Place of death | |
| High School | | May 20 1967 | | New York City | |
| Religion | | Burial place | | Burial date | |
| Catholic | | St. Mary's Church | | May 25 1967 | |
| Signature of Registrar | | Signature of Deceased | | Signature of Witness | |
| [Signature] | | [Signature] | | [Signature] | |
| Official Seal | | Official Seal | | Official Seal | |
| [Seal] | | [Seal] | | [Seal] | |

963-114-003-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-627

| | | | | | | |
|--|---|-----------------------|--|-----------------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
George Newel Rollison | | | | 2. Date of Birth
September 14 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Robin, Idaho | a. County
Bannock | b. City or Town of Birth
Robin | |
| FATHER | 6. Full Name of Father
George Lee Rollison | | | | 7. State or Country of Father's Birth
Roxbury, Virginia | |
| MOTHER | 8. Full Maiden Name of Mother
Nannie Baker Hall | | | | 9. State or Country of Mother's Birth
Virginia | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>George Newel Rollison</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
15th May 1957 | | | | 11. Present Address of Registrant
Route #3 Blackfoot, Idaho | |
| | 12. Signature of Notary
<i>Claude D. ...</i> | | | | 13. Notary Commission expires
October 3 1957 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|------------------------------------|---|---|--|
| SUPPORTING RECORD 1 | Type of Document
Application for Social Security Account Number | | By whom issued and signed
Treasury Dept. | | Date issued
Jan. 8, 1950 |
| | Date of Birth
Sept. 14, 1898 | Birth Place
Robin, Idaho | Full Name of Mother
Nannie Hall | | Name of Father
George Rollison |
| SUPPORTING RECORD 2 | Type of Document
Insurance Policy | | By whom issued and signed
American National Ins. Co. | | Date issued
1-14-45 |
| | Date of Birth
age 46 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- |
| SUPPORTING RECORD 3 | Type of Document
Certificate of Baptism and Confirmation | | By whom issued and signed
Wapello Ward, Blackfoot Stake, LDS Church | | Date issued
6-13-57 |
| | Date of Birth
Sept. 14, 1898 | Birth Place
Robin, Idaho | Full Name of Mother
Nannie B. Hall | | Date Orig. Entry
Oct. 4, 1906 |
| | | | | Name of Father
George L. Rollison | |

| | | | |
|----------------------------------|--|--|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. A. Benson</i> | Evidence reviewed by
Mr Nancy Richards | Date Filed
June 18, 1957 |

ORIGIN: 37452

JUN 19 1957

202:1107 Page 27 (2)

1838 2 September 1838

Page 10

[illegible]

Walter Baker Hall

10-2-1966 10 00013 1000000 11

Account of the ...

100-443887-100

001-1-33

NOTES

1. 1. The first

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1954年10月1日

1954年10月10日

[illegible]

10-7-63 10-9-63

SECRET

[illegible]

100-443887-100

CONFIDENTIAL

RESEARCH

100-443881-1

1990

13-00000

SECRET

10-10-68

2004-10-14

1. The first part of the document is a letterhead from the Federal Bureau of Investigation, dated May 1, 1964, and addressed to the Director of the Central Intelligence Agency. The letter is signed by J. Edgar Hoover, Director of the FBI.

Figure 1

1991-1992

[illegible]

2-3-5-7-9-11-13-15-17-19-21-23-25-27-29-31-33-35-37-39-41-43-45-47-49-51-53-55-57-59-61-63-65-67-69-71-73-75-77-79-81-83-85-87-89-91-93-95-97-99-101-103-105-107-109-111-113-115-117-119-121-123-125-127-129-131-133-135-137-139-141-143-145-147-149-151-153-155-157-159-161-163-165-167-169-171-173-175-177-179-181-183-185-187-189-191-193-195-197-199-201-203-205-207-209-211-213-215-217-219-221-223-225-227-229-231-233-235-237-239-241-243-245-247-249-251-253-255-257-259-261-263-265-267-269-271-273-275-277-279-281-283-285-287-289-291-293-295-297-299-301-303-305-307-309-311-313-315-317-319-321-323-325-327-329-331-333-335-337-339-341-343-345-347-349-351-353-355-357-359-361-363-365-367-369-371-373-375-377-379-381-383-385-387-389-391-393-395-397-399-401-403-405-407-409-411-413-415-417-419-421-423-425-427-429-431-433-435-437-439-441-443-445-447-449-451-453-455-457-459-461-463-465-467-469-471-473-475-477-479-481-483-485-487-489-491-493-495-497-499-501-503-505-507-509-511-513-515-517-519-521-523-525-527-529-531-533-535-537-539-541-543-545-547-549-551-553-555-557-559-561-563-565-567-569-571-573-575-577-579-581-583-585-587-589-591-593-595-597-599-601-603-605-607-609-611-613-615-617-619-621-623-625-627-629-631-633-635-637-639-641-643-645-647-649-651-653-655-657-659-661-663-665-667-669-671-673-675-677-679-681-683-685-687-689-691-693-695-697-699-701-703-705-707-709-711-713-715-717-719-721-723-725-727-729-731-733-735-737-739-741-743-745-747-749-751-753-755-757-759-761-763-765-767-769-771-773-775-777-779-781-783-785-787-789-791-793-795-797-799-801-803-805-807-809-811-813-815-817-819-821-823-825-827-829-831-833-835-837-839-841-843-845-847-849-851-853-855-857-859-861-863-865-867-869-871-873-875-877-879-881-883-885-887-889-891-893-895-897-899-901-903-905-907-909-911-913-915-917-919-921-923-925-927-929-931-933-935-937-939-941-943-945-947-949-951-953-955-957-959-961-963-965-967-969-971-973-975-977-979-981-983-985-987-989-991-993-995-997-999-1001-1003-1005-1007-1009-1011-1013-1015-1017-1019-1021-1023-1025-1027-1029-1031-1033-1035-1037-1039-1041-1043-1045-1047-1049-1051-1053-1055-1057-1059-1061-1063-1065-1067-1069-1071-1073-1075-1077-1079-1081-1083-1085-1087-1089-1091-1093-1095-1097-1099-1101-1103-1105-1107-1109-1111-1113-1115-1117-1119-1121-1123-1125-1127-1129-1131-1133-1135-1137-1139-1141-1143-1145-1147-1149-1151-1153-1155-1157-1159-1161-1163-1165-1167-1169-1171-1173-1175-1177-1179-1181-1183-1185-1187-1189-1191-1193-1195-1197-1199-1201-1203-1205-1207-1209-1211-1213-1215-1217-1219-1221-1223-1225-1227-1229-1231-1233-1235-1237-1239-1241-1243-1245-1247-1249-1251-1253-1255-1257-1259-1261-1263-1265-1267-1269-1271-1273-1275-1277-1279-1281-1283-1285-1287-1289-1291-1293-1295-1297-1299-1301-1303-1305-1307-1309-1311-1313-1315-1317-1319-1321-1323-1325-1327-1329-1331-1333-1335-1337-1339-1341-1343-1345-1347-1349-1351-1353-1355-1357-1359-1361-1363-1365-1367-1369-1371-1373-1375-1377-1379-1381-1383-1385-1387-1389-1391-1393-1395-1397-1399-1401-1403-1405-1407-1409-1411-1413-1415-1417-1419-1421-1423-1425-1427-1429-1431-1433-1435-1437-1439-1441-1443-1445-1447-1449-1451-1453-1455-1457-1459-1461-1463-1465-1467-1469-1471-1473-1475-1477-1479-1481-1483-1485-1487-1489-1491-1493-1495-1497-1499-1501-1503-1505-1507-1509-1511-1513-1515-1517-1519-1521-1523-1525-1527-1529-1531-1533-1535-1537-1539-1541-1543-1545-1547-1549-1551-1553-1555-1557-1559-1561-1563-1565-1567-1569-1571-1573-1575-1577-1579-1581-1583-1585-1587-1589-1591-1593-1595-1597-1599-1601-1603-1605-1607-1609-1611-1613-1615-1617-1619-1621-1623-1625-1627-1629-1631-1633-1635-1637-1639-1641-1643-1645-1647-1649-1651-1653-1655-1657-1659-1661-1663-1665-1667-1669-1671-1673-1675-1677-1679-1681-1683-1685-1687-1689-1691-1693-1695-1697-1699-1701-1703-1705-1707-1709-1711-1713-1715-1717-1719-1721-1723-1725-1727-1729-1731-1733-1735-1737-1739-1741-1743-1745-1747-1749-1751-1753-1755-1757-1759-1761-1763-1765-1767-1769-1771-1773-1775-1777-1779-1781-1783-1785-1787-1789-1791-1793-1795-1797-1799-1801-1803-1805-1807-1809-1811-1813-1815-1817-1819-1821-1823-1825-1827-1829-1831-1833-1835-1837-1839-1841-1843-1845-1847-1849-1851-1853-1855-1857-1859

719-109-022-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-709

| | | | | | | |
|--|---|-----------------------|------------------------------------|-----------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Joseph Park.</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>May 9 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Idaho.</i> | a. County
<i>Fremont</i> | b. City or Town of Birth
<i>LaBelle.</i> | |
| FATHER | 6. Full Name of Father
<i>David Harvey Park.</i> | | | | 7. State or Country of Father's Birth
<i>Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Lucy Jane Scott</i> | | | | 9. State or Country of Mother's Birth
<i>Utah.</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Joseph Park.</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 8 1957</i> | | | | 11. Present Address of Registrant
<i>Irwin, Idaho</i> | |
| | 12. Signature of Notary
<i>Lola Mitchell</i> | | | | 13. Notary Commission expires
<i>Sept 21 1960</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|---|---|--|---|
| SUPPORTING RECORD 1- | Type of Document
<i>born 12-25-1877
Affidavit by brother</i> | | By whom issued and signed
<i>Samuel Harvey Park</i> | Date issued
<i>3-16-57</i> | Date Orig. Entry |
| | Date of Birth
<i>May 9 1898</i> | Birth Place
<i>Fremont County
LaBelle, Idaho</i> | Full Name of Mother
<i>Lucy Jane Scott</i> | Name of Father
<i>David Harvey Park</i> | |
| SUPPORTING RECORD 2- | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #283467</i> | Date issued | Date Orig. Entry
<i>child born
Aug. 22, 1939</i> |
| | Date of Birth
<i>age 41</i> | Birth Place
<i>LaBelle, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| SUPPORTING RECORD 3- | Type of Document
<i>Church Record</i> | | By whom issued and signed
<i>LDS Church
Salt Lake City, Utah</i> | Date issued
<i>6-26-57</i> | Date Orig. Entry
<i>Aug. 7, 1898</i> |
| | Date of Birth
<i>May 9 1898</i> | Birth Place
<i>Labelle, Idaho</i> | Full Name of Mother
<i>Lucy Scott</i> | Name of Father
<i>David H. Park</i> | |

QUALIFYING INFORMATION

REGISTRAR'S
CERTIFICATION
(seal.)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. Benson

Evidence reviewed by

nr

Nancy Richards

Date Filed

July 12, 1957

942-126-029-394 DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho

State File No. De57-739
 Local Reg. No.
 Reg. Dist. No.

| | | | | | | |
|--|---|----------------|---|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Robert Henry Russell | | | 2. Date (month) (day) (year)
April 26 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
a. County
Latah | b. City or Town of Birth
Genesee, Idaho | | |
| FATHER | 6. Full Name of Father
Robert Henry Russell | | | 7. State or Country of Father's Birth
Texas | | |
| MOTHER | 8. Full Maiden Name of Mother
Carrie L. Crum | | | 9. State or Country of Mother's Birth
Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>RH Russell</i> | | 11. Present Address of Registrant
S. 2323 Lincoln Street
Spokane, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 28th 1956 | | | 12. Signature of Notary
<i>Madge Brown</i> | | 13. Notary Commission expires
Aug 23rd 1958 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|-------------------------------|--|--|-------------------------------------|
| SUPPORTING RECORD 1 | Type of Document
AFFIDAVIT BY FRIEND OF FAMILY | | By whom issued and signed
BELLE ASKER
Grangeville, Idaho | | Date issued
2-2-56 |
| | Date of Birth
April 26 1898 | Birth Place
Genesee, Idaho | Full Name of Mother
Carrie Crum Russell | | Name of Father
Robert H. Russell |
| SUPPORTING RECORD 2 | Type of Document
own child's birth certificate | | By whom issued and signed
Washington #1180 | | Date issued
7-10-57 |
| | Date of Birth
age 28 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
---- |
| SUPPORTING RECORD 3 | Type of Document
School Record | | By whom issued and signed
Franklin Co. Supt. of Schools,
Pasco, Washington | | Date issued
6-12-57 |
| | Date of Birth
April 26, 1898 | Birth Place
---- | Full Name of Mother
Carrie L. Russell | | Name of Father
---- |

| | | | |
|----------------------------------|--|---|-----------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
bw Nancy Richards | Date Filed
July 17, 1957 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

State of Ohio

JUL 17 1957

11-11-57

Place of Birth

Place of Birth

Place of Birth

Place of Birth

Place of Birth

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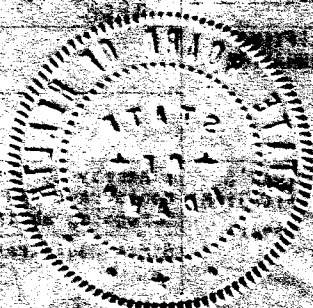
Place of Birth

Place of Birth

Place of Birth

Place of Birth

Place of Birth



235-117-008-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-757

| | | | | | | |
|--|--|--------------------------------------|-----------------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Fred McDonald Stephenson | | | | 2. Date (month) (day) (year)
Of Birth April 17, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Boise | a. County | b. City or Town of Birth
Horseshoe Bend | |
| FATHER | 6. Full Name of Father
Richard Frank Stephenson | | | | 7. State or Country of Father's Birth
Great Britain | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Ann Polick | | | | 9. State or Country of Mother's Birth
Missouri | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Fred M. Stephenson</i> | | 11. Present Address of Registrant
Horseshoe Bend, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 24 1957</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28 1960</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by person who has known him all his life | | | By whom issued and signed
Frank W. Clarkson - Age 82 | | Date issued
7-19-57 |
| | Date of Birth
April 17, 1898 | Birth Place
Horseshoe Bend | | Full Name of Mother
Sarah Ann Stephenson | | Name of Father
Richard Frank Stephenson |
| SUPPORTING
RECORD 2. | Type of Document
Own Child's Birth Certificate | | | By whom issued and signed
State of Idaho #167653 | | Date issued
January 10, 1929 |
| | Date of Birth
Age 30 | Birth Place
Idaho | | Full Name of Mother | | Name of Father |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | | By whom issued and signed
American Home Benefit Association | | Date issued
December 19, 1950 |
| | Date of Birth
April 17, 1898 | Birth Place | | Full Name of Mother | | Name of Father |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Date Filed
July 24, 1957 | |
| | State Registrar
<i>W. B. Benson</i> | | | Evidence reviewed by
Shirley Cooper | | |

DECEASED CERTIFICATE OF BIRTH

State of Ohio

JUL 24 1908

| | | | |
|--|---|--|--|
| 1. Name of child at birth
Robert Lee | 2. Sex of child
Male | 3. Date of birth
April 15, 1908 | 4. Place of birth
Hopewell, Ohio |
| 5. Name of father
Robert Lee | 6. Name of mother
Elizabeth | 7. Date of death of father
April 15, 1908 | 8. Date of death of mother
April 15, 1908 |
| 9. Name of child at death
Robert Lee | 10. Sex of child at death
Male | 11. Date of death
April 15, 1908 | 12. Place of death
Hopewell, Ohio |
| 13. Name of father at death
Robert Lee | 14. Name of mother at death
Elizabeth | 15. Date of death of father
April 15, 1908 | 16. Date of death of mother
April 15, 1908 |
| 17. Name of child at birth
Robert Lee | 18. Sex of child at birth
Male | 19. Date of birth
April 15, 1908 | 20. Place of birth
Hopewell, Ohio |
| 21. Name of father at birth
Robert Lee | 22. Name of mother at birth
Elizabeth | 23. Date of birth of father
April 15, 1908 | 24. Date of birth of mother
April 15, 1908 |
| 25. Name of child at death
Robert Lee | 26. Sex of child at death
Male | 27. Date of death
April 15, 1908 | 28. Place of death
Hopewell, Ohio |
| 29. Name of father at death
Robert Lee | 30. Name of mother at death
Elizabeth | 31. Date of death of father
April 15, 1908 | 32. Date of death of mother
April 15, 1908 |



IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the Department of Health, at Columbus, Ohio, this 24th day of July, 1908.

Commissioner of Health

685-201-006-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-760

| | | | | | | |
|--|---|-------------------------|-----------------------------------|-----------------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Minnie May Wheeler | | | | 2. Date (month) (day) (year)
Of Birth July (21) 21, 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
Bingham | b. City or Town of Birth
Tilden | |
| FATHER | 6. Full Name of Father
Robert Wheeler | | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Elizabeth Gardner | | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Minnie May Chapman</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
5th day July, 1957 | | | | 11. Present Address of Registrant
Burley 2c-hc
859 Center Ave | |
| | 12. Signature of Notary
<i>John F. Harrison</i> | | | | 13. Notary Commission expires
Jan. 1st 1961 19 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Census Record | | By whom issued and signed
U. S. Dept. of Commerce
Bureau of the Census | | Date issued
5-29-57 |
| | Date of Birth
July, 1898 | Birth Place
Idaho | Full Name of Mother
Emma E. Wheeler | | Date Orig. Entry
June 1, 1900 |
| SUPPORTING RECORD 2. | Type of Document
Church Record | | By whom issued and signed
Burley Third Ward, Burley Stake
LDS Church, Burley, Ida. | | Date issued
7-8-57 |
| | Date of Birth
July 21, 1898 | Birth Place
Bingham County
Tilden, Idaho | Full Name of Mother
----- | | Date Orig. Entry
Sept. 1, 1907 |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Washington #285 | | Date issued
7-9-56 |
| | Date of Birth
age 21 | Birth Place
Idaho | Full Name of Mother
----- | | Date Orig. Entry
child born
July 7, 1920 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>D. Benson</i> | | Evidence reviewed by
Mr. Nancy Richards | | Date Filed
July 25, 1957 |

693-208-031-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-762

| | | | | | | |
|--|---|-------------------------|------------------------------------|---------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Myrtle A. Wilks | | | | 2. Date (month) (day) (year)
Of Birth February 8 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Forest | a. County
Lewis | b. City or Town of Birth
Farm near Forest, Idaho | |
| FATHER | 6. Full Name of Father
John V. Wilks | | | | 7. State or Country of Father's Birth
New York | |
| MOTHER | 8. Full Maiden Name of Mother
Eliza C. Newton | | | | 9. State or Country of Mother's Birth
Vermont | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Myrtle A. Wilks</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 17th 19 57 | | | | 11. Present Address of Registrant
P.O. Box 518
San Clemente, California
13. Notary Commission expires
October 15 19 57 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
born 3-16-1883
Affidavit by brother | | By whom issued and signed
George F. Wilks | | Date issued
5-17-57 | Date Orig. Entry |
| | Date of Birth
Feb. 8,
1898 | Birth Place
1 mi. NW of
Forest, Idaho | Full Name of Mother
Eliza C. Wilks | | Name of Father
John V. Wilks | |
| SUPPORTING
RECORD 2. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Dept. of Commerce
Bureau of the Census | | Date issued
7-13-57 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Feb. 1898
age 2 | Birth Place
Idaho | Full Name of Mother
Eliza C. Wilks | | Name of Father
John V. Wilks | |
| SUPPORTING
RECORD 3. | Type of Document
Photostatic Copy of "History
of North Idaho" | | By whom issued and signed
Original
Viewed by Notary Public, D.W.
Moore, Clarkston, Wash. on 7-19-57 | | Date issued
original
published in 1903 | Date Orig. Entry |
| | Date of Birth
Feb. 8,
1898 | Birth Place
--- | Full Name of Mother
Eliza C. Newton | | Name of Father
John V. Wilks | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
July 25, 1957 |

STATE OF VERMONT

DEPARTMENT OF CORRECTIONS

1900-1901

1900-1901

February 8 1898

John V. White

Female Forest Lewis

New York

John V. White

Newton

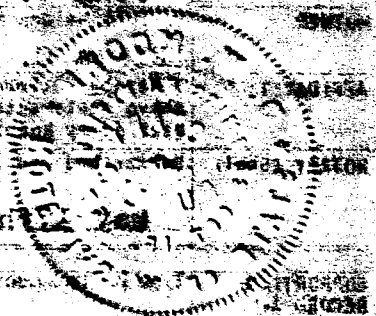
Vermont

U.S. Box 318

San Francisco California

October 15 1900

1900



John V. White

Female Forest Lewis

John V. White

Female Forest Lewis

John V. White

Female Forest Lewis

John V. White

Female Forest Lewis

John V. White

Female Forest Lewis

John V. White

Female Forest Lewis

253-101-028-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-807

| | | | | | | |
|--|---|-----------------------|-------------------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ARTHUR JOHN KELLY | | | | 2. Date (month) (day) (year)
Of Birth JAN 1st 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Newport | | a. County
Newport | |
| FATHER | 6. Full Name of Father
Michael Charles Kelly | | | | 7. State or Country of Father's Birth
Idaho Minnesota | |
| MOTHER | 8. Full Maiden Name of Mother
Paulina Koch | | | | 9. State or Country of Mother's Birth
Germany | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Arthur John Kelly</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 10 1957 | | | | 11. Present Address of Registrant
E 2929 Upriver Drive | |
| | | | | | 12. Signature of Notary
<i>Mildred M. Engler</i> | |
| | | | | | 13. Notary Commission expires
July August 30 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--------------------------------------|--|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by aunt, age 84 | | By whom issued and signed
Johanna Arend | | Date issued
7-10-57 | Date Orig. Entry |
| | Date of Birth
Jan. 1, 1898 | Birth Place
Newport, Idaho | Full Name of Mother
Paulina Koch Kelly | | Name of Father
Michael Charles Kelly | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
Great Northern Life Ins. Co. | | Date issued
4-18-46 | Date Orig. Entry
April 12, 1946 |
| | Date of Birth
Jan. 1, 1898 | Birth Place
Newport, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 3- | Type of Document
Chapter Membership Record | | By whom issued and signed
Disabled American Veterans Chapter No. 6 | | Date issued
7-23-57 | Date Orig. Entry
April 10, 1931 |
| | Date of Birth
Jan. 1, 1898 | Birth Place
---- | Full Name of Mother
---- | | Name of Father
---- | |

QUALIFYING INFORMATION
Voting Registration; Spokane Co., Washington; issued 7-23-57; age 35 as of Sept. 16, 1933; birthplace Idaho.

| | | | |
|--|--|--|-------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. J. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
August 9, 1957 |

AUG 9 1957

STATE OF TEXAS
BIRTH

1957-11-11

1957-11-11

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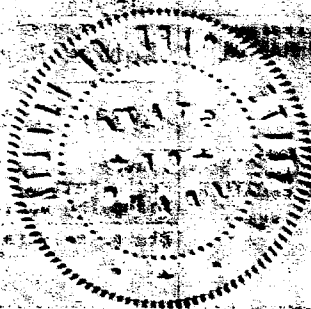
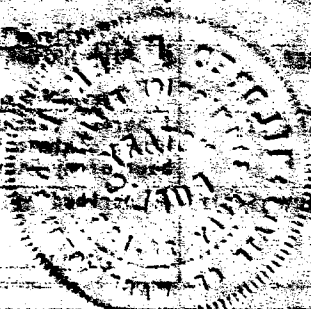
1957-11-11

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1957-11-11



851-231-029-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

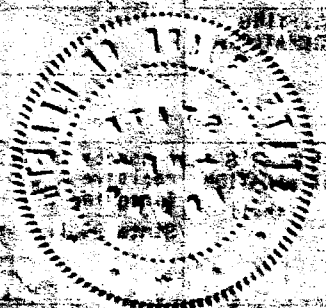
DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-810**

| | | | | | |
|---|--|---|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Jessie Louisa Heady | | | 2. Date of Birth (month) (day) (year)
December 31, 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Latah | b. City or Town of Birth
Kendrick, Idaho | |
| FATHER | 6. Full Name of Father
William S. Heady | | | 7. State or Country of Father's Birth
- | |
| MOTHER | 8. Full Maiden Name of Mother
Kate Ellis | | | 9. State or Country of Mother's Birth
Fayetteville, Arkansas | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mr. Charles Barclay</i>
<i>mailed - Jessie L. Barclay Heady</i> | 11. Present Address of Registrant
<i>Rt 12 Box 405</i>
<i>Tacoma 22, Wash.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 10</i> 19 <i>1957</i> | | | 12. Signature of Notary
<i>Wm H. Verman</i> | 13. Notary Commission expires
<i>Dec 25</i> 19 <i>57</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1. | Type of Document (born 5-11-87)
Affidavit by cousin, present at birth | | By whom issued and signed
Ima Ellis Carr | | Date Issued
6-24-57 |
| | Date of Birth
Dec. 31, 1898 | Birth Place
Kendrick, Idaho | Full Name of Mother
Kate Ellis Heady | | Name of Father
William Heady |
| SUPPORTING RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed certified
Washington #347 copy | | Date Issued
10-23-41 |
| | Date of Birth
age 22 | Birth Place
Idaho | Full Name of Mother
--- | | Date Orig. Entry
child born Oct. 31, 1921 |
| SUPPORTING RECORD 3. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued
Sept. 15, 1941 |
| | Date of Birth
Dec. 31, 1898 | Birth Place
Latah Co. Kendrick, Idaho | Full Name of Mother
Kate Ellis | | Name of Father
William Heady |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
mr Nancy Richards | | Date Filed
August 12, 1957 |

RECEIVED 20 2 27 1930

AUG 12 1930



[The following text is mirrored and largely illegible due to extreme noise and bleed-through from the reverse side of the document. It appears to be a series of lines of text, possibly a letter or a form, but the characters are not discernible.]

236-205-022-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-815

| | | | | | | |
|--|---|-------------------------|--|---------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Vella Irene Van Sickle Blothorn</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Aug 5 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Marysville</i> | a. County
<i>Lemhi</i> | b. City or Town of Birth
<i>Marysville Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>John Hiram Van Sickle</i> | | | | 7. State or Country of Father's Birth
<i>Cassiova Michigan</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Catherine Edwards</i> | | | | 9. State or Country of Mother's Birth
<i>Willard Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Vella Irene Blothorn</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>March 22 1957</i> | | | | 11. Present Address of Registrant
<i>113 Twin Falls, Id.</i> | |
| | | | | | 12. Signature of Notary
<i>J. H. H. H. H.</i> | |
| | | | | | 13. Notary Commission expires
<i>Jan 30 1960</i> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|---|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
on file Vital Statistics,
Idaho #184547 | Date issued | Date Orig. Entry
Child born
Sept 24, 1930 |
| | Date of Birth
Age 32 | Birth Place
Marysville,
Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by Mother | | By whom issued and signed
Catherine Edwards VanSickle | Date issued
March 21, 1947 | Date Orig. Entry |
| | Date of Birth
Aug 5, 1898 | Birth Place
Marysville, Idaho | Full Name of Mother
Catherine Edwards | Name of Father
John Hiram VanSickle | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Gem State Mutual Life Assn
Policy #45534-Y1, Pocatello | Date issued
May 5, 1948 | Date Orig. Entry
Policy issued
May 5, 1948 |
| | Date of Birth
Aug 5, 1898 | Birth Place
Marysville, Idaho | Full Name of Mother | Name of Father | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Joyce B. Foltz | Date Filed
Aug 13, 1957 | |

1 copy paid

AUG 13 1957

on the 1st of June 1941

[illegible]

[The page contains several horizontal bands of illegible, mirrored or bleed-through text.]

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318-107-036-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-824

| | | | | | | |
|--|---|-------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
DAVID TAYSON | | | 2. Date of Birth
AUGUST 7 1898 | | |
| | 3. Color or Race
WHITE | 4. Sex
M | 5. Place of Birth a. County
ONEIDA (now Power) | b. City or Town of Birth
ROCKLAND | | |
| FATHER | 6. Full Name of Father
DAVID JAMES TAYSON | | | 7. State or Country of Father's Birth
UTAH, U.S.A. | | |
| MOTHER | 8. Full Maiden Name of Mother
CHRISTINA HALST | | | 9. State or Country of Mother's Birth
DENMARK | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>David Taysom</i> | | 11. Present Address of Registrant
ROCKLAND, IDAHO |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 13, 1957 | | | 12. Signature of Notary
<i>Shirley Cooper</i> | | 13. Notary Commission expires
February 10, 1959 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

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|-------------------------|--|--------------------------------|---|--|--------------------------------------|------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by friend who was present at time of birth | | By whom issued and signed
Charles H. Hartley - age 80 | | Date issued
8-12-57 | Date Orig. Entry |
| | Date of Birth
Aug. 7, 1898 | Birth Place
Rockland, Idaho | Full Name of Mother
Christina Halst | | Name of Father
David James Taysom | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
Commercial Travelers Insurance Company | | Date issued
March 19, 1946 | Date Orig. Entry |
| | Date of Birth
Aug. 7, 1898 | Birth Place
Rockland, Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Own Child's Birth Certificate | | By whom issued and signed
State of Idaho #403261 | | Date issued
February 24, 1945 | Date Orig. Entry |
| | Date of Birth
Age 46 | Birth Place
Rockland, Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING
INFORMATION

| | | | |
|--|--|--|-------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Shirley Cooper | Date Filed
August 15, 1957 |

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC SAFETY

AUG 10 1957

State of California
County of Fresno
City of Fresno

State of California
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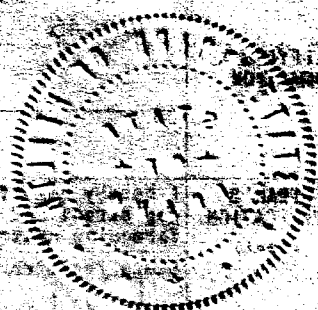
State of California
County of Fresno
City of Fresno

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City of Fresno

State of California
County of Fresno
City of Fresno



165-201-936-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De57-871**

| | | | | | |
|---|--|------------------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mabel Jones | | | 2. Date (month) (day) (year)
Of December 1 1898
Birth | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Oneida | a. County
Malad
b. City or Town of Birth | |
| FATHER | 6. Full Name of Father
David E. Jones | | | 7. State or Country of Father's Birth | |
| MOTHER | 8. Full Maiden Name of Mother
Catherine Evans | | | 9. State or Country of Mother's Birth
Malad, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mabel Jones</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 29 1957</i> | | | 11. Present Address of Registrant
<i>909 Balsam</i> | |
| | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | | 13. Notary Commission expires <i>Boise</i>
<i>Sept 28 1960</i> | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Affadavit by Mother | | By whom issued and signed
Catherine Evans | | Date issued
8, 29, 57 |
| | Date of Birth
Dec. 1, 1898 | Birth Place
Malad, Idaho | Full Name of Mother
Catherine Evans | | Name of Father
X David E. Jones |
| SUPPORTING RECORD 2. | Type of Document
Family Record | | By whom issued and signed
Notarized by Frances McKenna | | Date issued
Aug. 7, 1956 |
| | Date of Birth
Dec. 1, 1898 | Birth Place | Full Name of Mother
Catherine E. Jones | | Name of Father
David Jones |
| SUPPORTING RECORD 3. | Type of Document
Own child's birth certificate | | By whom issued and signed
on file Vital Statistics | | Date issued
Nov. 8, '30 |
| | Date of Birth
Dec 31 | Birth Place
Idaho | Full Name of Mother | | Name of Father
child born Sept. 24, 1930 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Hazel Hurlbert | | Date Filed
August 29, 1957 |

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1944-45 1946-47 1947-48 1948-49 1949-50 1950-51 1951-52 1952-53 1953-54 1954-55 1955-56 1956-57 1957-58 1958-59 1959-60 1960-61 1961-62 1962-63 1963-64 1964-65 1965-66 1966-67 1967-68 1968-69 1969-70 1970-71 1971-72 1972-73 1973-74 1974-75 1975-76 1976-77 1977-78 1978-79 1979-80 1980-81 1981-82 1982-83 1983-84 1984-85 1985-86 1986-87 1987-88 1988-89 1989-90 1990-91 1991-92 1992-93 1993-94 1994-95 1995-96 1996-97 1997-98 1998-99 1999-00 2000-01 2001-02 2002-03 2003-04 2004-05 2005-06 2006-07 2007-08 2008-09 2009-10 2010-11 2011-12 2012-13 2013-14 2014-15 2015-16 2016-17 2017-18 2018-19 2019-20 2020-21 2021-22 2022-23 2023-24 2024-25 2025-26 2026-27 2027-28 2028-29 2029-30 2030-31 2031-32 2032-33 2033-34 2034-35 2035-36 2036-37 2037-38 2038-39 2039-40 2040-41 2041-42 2042-43 2043-44 2044-45 2045-46 2046-47 2047-48 2048-49 2049-50 2050-51 2051-52 2052-53 2053-54 2054-55 2055-56 2056-57 2057-58 2058-59 2059-60 2060-61 2061-62 2062-63 2063-64 2064-65 2065-66 2066-67 2067-68 2068-69 2069-70 2070-71 2071-72 2072-73 2073-74 2074-75 2075-76 2076-77 2077-78 2078-79 2079-80 2080-81 2081-82 2082-83 2083-84 2084-85 2085-86 2086-87 2087-88 2088-89 2089-90 2090-91 2091-92 2092-93 2093-94 2094-95 2095-96 2096-97 2097-98 2098-99 2099-00 2100-01 2101-02 2102-03 2103-04 2104-05 2105-06 2106-07 2107-08 2108-09 2109-10 2110-11 2111-12 2112-13 2113-14 2114-15 2115-16 2116-17 2117-18 2118-19 2119-20 2120-21 2121-22 2122-23 2123-24 2124-25 2125-26 2126-27 2127-28 2128-29 2129-30 2130-31 2131-32 2132-33 2133-34 2134-35 2135-36 2136-37 2137-38 2138-39 2139-40 2140-41 2141-42 2142-43 2143-44 2144-45 2145-46 2146-47 2147-48 2148-49 2149-50 2150-51 2151-52 2152-53 2153-54 2154-55 2155-56 2156-57 2157-58 2158-59 2159-60 2160-61 2161-62 2162-63 2163-64 2164-65 2165-66 2166-67 2167-68 2168-69 2169-70 2170-71 2171-72 2172-73 2173-74 2174-75 2175-76 2176-77 2177-78 2178-79 2179-80 2180-81 2181-82 2182-83 2183-84 2184-85 2185-86 2186-87 2187-88 2188-89 2189-90 2190-91 2191-92 2192-93 2193-94 2194-95 2195-96 2196-97 2197-98 2198-99 2199-00 2200-01 2201-02 2202-03 2203-04 2204-05 2205-06 2206-07 2207-08 2208-09 2209-10 2210-11 2211-12 2212-13 2213-14 2214-15 2215-16 2216-17 2217-18 2218-19 2219-20 2220-21 2221-22 2222-23 2223-24 2224-25 2225-26 2226-27 2227-28 2228-29 2229-30 2230-31 2231-32 2232-33 2233-34 2234-35 2235-36 2236-37 2237-38 2238-39 2239-40 2240-41 2241-42 2242-43 2243-44 2244-45 2245-46 2246-47 2247-48 2248-49 2249-50 2250-51 2251-52 2252-53 2253-54 2254-55 2255-56 2256-57 2257-58 2258-59 2259-60 2260-61 2261-62 2262-63 2263-64 2264-65 2265-66 2266-67 2267-68 2268-69 2269-70 2270-71 2271-72 2272-73 2273-74 2274-75 2275-76 2276-77 2277-78 2278-79 2279-80 2280-81 2281-82 2282-83 2283-84 2284-85 2285-86 2286-87 2287-88 2288-89 2289-90 2290-91 2291-92 2292-93 2293-94 2294-95 2295-96 2296-97 2297-98 2298-99 2299-00 2300-01 2301-02 2302-03 2303-04 2304-05 2305-06 2306-07 2307-08 2308-09 2309-10 2310-11 2311-12 2312-13 2313-14 2314-15 2315-16 2316-17 2317-18 2318-19 2319-20 2320-21 2321-22 2322-23 2323-24 2324-25 2325-26 2326-27 2327-28 2328-29 2329-30 2330-31 2331-32 2332-33 2333-34 2334-35 2335-36 2336-37 2337-38 2338-39 2339-40 2340-41 2341-42 2342-43 2343-44 2344-45 2345-46 2346-47 2347-48 2348-49 2349-50 2350-51 2351-52 2352-53 2353-54 2354-55 2355-56 2356-57 2357-58 2358-59 2359-60 2360-61 2361-62 2362-63 2363-64 2364-65 2365-66 2366-67 2367-68 2368-69 2369-70 2370-71 2371-72 2372-73 2373-74 2374-75 2375-76 2376-77 2377-78 2378-79 2379-80 2380-81 2381-82 2382-83 2383-84 2384-85 2385-86 2386-87 2387-88 2388-89 2389-90 2390-91 2391-92 2392-93 2393-94 2394-95 2395-96 2396-97 2397-98 2398-99 2399-00 2400-01 2401-02 2402-03 2403-04 2404-05 2405-06 2406-07 2407-08 2408-09 2409-10 2410-11 2411-12 2412-13 2413-14 2414-15 2415-16 2416-17 2417-18 2418-19 2419-20 2420-21 2421-22 2422-23 2423-24 2424-25 2425-26 2426-27 2427-28 2428-29 2429-30 2430-31 2431-32 2432-33 2433-34 2434-35 2435-36 2436-37 2437-38 2438-39 2439-40 2440-41 2441-42 2442-43 2443-44 2444-45 2445-46 2446-47 2447-48 2448-49 2449-50 2450-51 2451-52 2452-53 2453-54 2454-55 2455-56 2456-5

31 JAN 1971

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JAN 10 1967

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

[Illegible body text]

NEW YORK OFFICE
JAN 10 1967

一、二、三、四、五、六、七、八、九、十、十一、十二、十三、十四、十五、十六、十七、十八、十九、二十、二十一、二十二、二十三、二十四、二十五、二十六、二十七、二十八、二十九、三十、三十一、三十二、三十三、三十四、三十五、三十六、三十七、三十八、三十九、四十、四十一、四十二、四十三、四十四、四十五、四十六、四十七、四十八、四十九、五十、五十一、五十二、五十三、五十四、五十五、五十六、五十七、五十八、五十九、六十、六十一、六十二、六十三、六十四、六十五、六十六、六十七、六十八、六十九、七十、七十一、七十二、七十三、七十四、七十五、七十六、七十七、七十八、七十九、八十、八十一、八十二、八十三、八十四、八十五、八十六、八十七、八十八、八十九、九十、九十一、九十二、九十三、九十四、九十五、九十六、九十七、九十八、九十九、一百。

1950年10月1日

1. The first step is to identify the problem or goal. This involves understanding the current situation and what needs to be achieved.

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THE UNIVERSITY OF CHICAGO

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1951. 10. 23

249-202-022-755
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-900

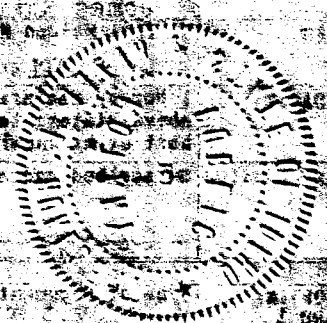
| | | | | | | |
|--|---|-------------------------|---|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Viola Smith | | | 2. Date (month) (day) (year)
Of Birth June 2, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Fremont | b. City or Town of Birth
St. Anthony | | |
| FATHER | 6. Full Name of Father
James Smith | | | 7. State or Country of Father's Birth
Belfast, Ireland | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Elizabeth Pendrey | | | 9. State or Country of Mother's Birth
Birmingham, England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Viola L. Andrew</i> | | 11. Present Address of Registrant
<i>4648 North St. Los Angeles 2, Calif</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 21, 1957</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept 28, 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|---|--|--|--|--|--------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by older sister present at time of this birth | | By whom issued and signed
Mrs. Nell Schreiber - age 71 | | Date issued
Aug. 21, 1957 | Date Orig. Entry |
| | Date of Birth
June 2, 1898 | Birth Place
St. Anthony, Idaho | Full Name of Mother
Mary Elizabeth Pendrey | | Name of Father
James Smith | |
| SUPPORTING
RECORD 2. | Type of Document
Family Album | | By whom issued and signed | | Date issued | Date Orig. Entry
obviously Old |
| | Date of Birth
June 2, 1898 | Birth Place | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Census Records Fremont County, Idaho | | By whom issued and signed
Fremont County, Idaho | | Date issued
8-23-57 | Date Orig. Entry
School year of 1906-1907 |
| | Date of Birth
Age 8 | Birth Place | Full Name of Mother | | Name of Father
James Smith | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION.
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar | | | Evidence reviewed by
sc Shirley Cooper | | Date Filed
Sept. 9, 1957 |

HYDRO TO DRAG...
STATE OF TEXAS

SEP 10 1962
JAN 24 1962



465-126-019-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-949

| | | | | | | | |
|--|---|-----------------------|--|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Dennis Vincent Donahue</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Oct. 26 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth a. County
<i>Custer</i> | | b. City or Town of Birth
<i>Leslie Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas T. Donahue</i> | | | | 7. State or Country of Father's Birth
<i>Canada</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Hannah McKelvey</i> | | | | 9. State or Country of Mother's Birth
<i>Pennsylvania</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Dennis Donahue</i> | | 11. Present Address of Registrant
<i>Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>8-27 1957</i> | | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
<i>1961</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|-------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>age 72</i>
<i>Affidavit by mother's brother</i> | | By whom issued and signed
<i>John McKelvey</i> | Date issued
<i>8-27-57</i> | Date Orig. Entry |
| | Date of Birth
<i>Oct. 26, 1898</i> | Birth Place
<i>Leslie, Idaho</i> | Full Name of Mother
<i>Hannah McKelvey Donahue</i> | Name of Father
<i>Thomas T. Donahue</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #406095</i> | Date issued | Date Orig. Entry
<i>child born July 5, 1922</i> |
| | Date of Birth
<i>age 23</i> | Birth Place
<i>Leslie, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Custer County, Challis, Ida.</i> | Date issued | Date Orig. Entry
<i>July 21, 1921</i> |
| | Date of Birth
<i>age 22</i> | Birth Place
<i>---</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |

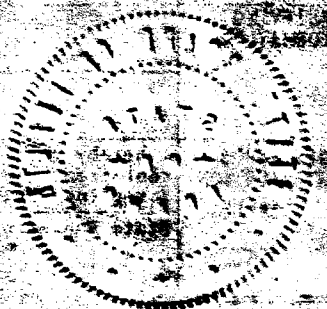
QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
*W. W. Benson*Evidence reviewed by
*Nancy Richards*Date Filed
Sept. 25, 1957

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

OCT 11 1957



397-213-029-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-970

| | | | | | | |
|--|--|--|---|---------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Ruth Emogene Tipton</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>April 13 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Idaho</i> | a. County
<i>Latah</i> | b. City or Town of Birth
<i>Near Moscow, Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Marion W. Tipton</i> | | | | 7. State or Country of Father's Birth
<i>Illinois</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Charlotte Lee Marsh</i> | | | | 9. State or Country of Mother's Birth
<i>Indiana</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ruth E. Tipton</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept. 26, 1957</i> | | | | 11. Present Address of Registrant
<i>1680 Oak Ave. San Jose, Calif.</i> | |
| | | | | | 12. Signature of Notary
<i>Mildred H. Stone</i> | |
| | | | | | 13. Notary Commission expires
<i>July 15, 1960</i> | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1 | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | | Date issued | Date Orig. Entry
<i>March 8, 1937</i> |
| | Date of Birth
<i>April 13, 1898</i> | Birth Place
<i>Moscow, Idaho</i> | Full Name of Mother
<i>Charlotte Lee Marsh</i> | | Name of Father
<i>Marion W. Tipton</i> | |
| SUPPORTING RECORD 2 | Type of Document
<i>10 yrs. older Affidavit by brother</i> | | By whom issued and signed
<i>James D. Tipton</i> | | Date issued
<i>7-8-57</i> | Date Orig. Entry |
| | Date of Birth
<i>April 13, 1898</i> | Birth Place
<i>near Moscow, Idaho</i> | Full Name of Mother
<i>Charlotte Lee Tipton, nee Marsh</i> | | Name of Father
<i>Marion Walter Tipton</i> | |
| SUPPORTING RECORD 3 | Type of Document
<i>Hospital Record</i> | | By whom issued and signed
<i>St. Joseph's Hospital
Lewiston, Idaho</i> | | Date issued
<i>5-20-57</i> | Date Orig. Entry
<i>Aug. 15, 1942</i> |
| | Date of Birth
<i>age 44</i> | Birth Place
<i>Moscow, Idaho</i> | Full Name of Mother
<i>Charlotte Marsh</i> | | Name of Father
<i>M. W. Tipton</i> | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
<i>Nancy Richards</i> | | Date Filed
<i>Oct. 4, 1957</i> | |

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STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

130

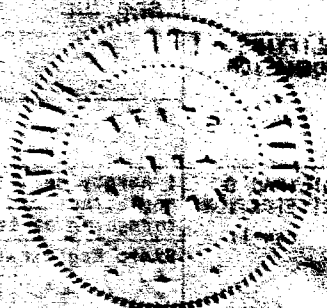
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154-230-029-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1002

| | | | | | | | | |
|--|---|-------------------------|----------------------------------|---------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Selma Anderson</i> | | | | | 2. Date (month) (day) (year)
Of Birth <i>Sept 30 - 1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Troy</i> | a. County
<i>Latah</i> | | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<i>Ole Anderson</i> | | | | | 7. State or Country of Father's Birth
<i>Sweden</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Katernia Johnson</i> | | | | | 9. State or Country of Mother's Birth
<i>Sweden</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Selma A. Whitney</i> | | 11. Present Address of Registrant
<i>Potlatch Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 29 1957</i> | | | | | 12. Signature of Notary
<i>W. H. Hannon</i> | | 13. Notary Commission expires
<i>Nov 8 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|-----------------------------------|--|--|---------------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>Affidavit by mother</i> | | By whom issued and signed
<i>Katernia Anderson</i> | | Date issued
<i>9-16-57</i> | Date Orig. Entry |
| | Date of Birth
<i>Sept. 30, 1898</i> | Birth Place
<i>Troy, Idaho</i> | Full Name of Mother
<i>Katernia Anderson</i> | | Name of Father
<i>Ole Anderson</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Federal Census Record</i> | | By whom issued and signed
<i>U. S. Dept. of Commerce
Bureau of the Census</i> | | Date issued
<i>10-4-57</i> | Date Orig. Entry
<i>April 15, 1910</i> |
| | Date of Birth
<i>age 11</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Care Anderson</i> | | Name of Father
<i>Ole Anderson</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #131709</i> | | Date issued | Date Orig. Entry
<i>child born
May 11, 1925</i> |
| | Date of Birth
<i>age 26</i> | Birth Place
<i>Idaho</i> | Full Name of Mother | | Name of Father | |

QUALIFYING
INFORMATION

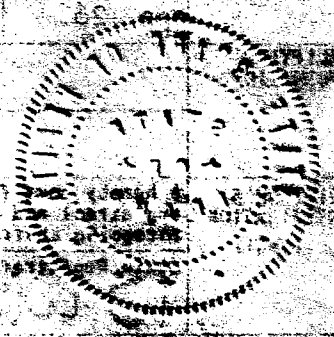
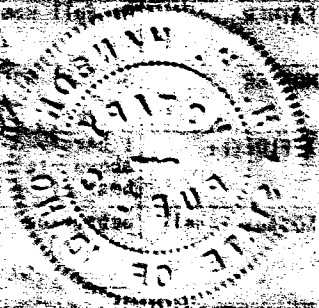
| | | | |
|--|--|---|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. H. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Oct. 15, 1957</i> |

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50-1-100

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OCT 15 1950



319-224-003-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1065

| | | | | | | |
|--|---|-------------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Millie Jane Larson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>JULY 24 1898</u> | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>FEMALE</u> | 5. Place of Birth a. County
<u>BANNOCK</u> | | b. City or Town of Birth
<u>Downey Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>Thurston George Larson</u> | | | | 7. State or Country of Father's Birth
<u>Utah</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Daisy Dee Barger</u> | | | | 9. State or Country of Mother's Birth
<u>Idaho</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Millie Jane Larson</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Aug 5 1957</u> | | | | 11. Present Address of Registrant
<u>RFD#3 TWIN FALLS, Idaho</u> | |
| | 12. Signature of Notary
<u>Dorcas S. Resce</u> | | | | 13. Notary Commission expires
<u>June 14 1957</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|---|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
<u>Affidavit by mother</u> | | By whom issued and signed
<u>Daisy Deen Larson</u> | | Date issued
<u>8-5-57</u> | Date Orig. Entry |
| | Date of Birth
<u>July 24, 1898</u> | Birth Place
<u>Bannock Co. Downey, Idaho</u> | Full Name of Mother
<u>Daisy Deen Larson</u> | | Name of Father
<u>Thurston George Larson</u> | |
| SUPPORTING
RECORD 2- | Type of Document
<u>Certificate of Blessing</u> | | By whom issued and signed
<u>Twin Falls 4th Ward, Twin Falls Stake, LDS Church</u> | | Date issued
<u>8-8-57</u> | Date Orig. Entry
<u>March 5, 1899</u> |
| | Date of Birth
<u>July 24, 1898</u> | Birth Place
<u>Downey, Idaho</u> | Full Name of Mother
<u>Daisy Barger</u> | | Name of Father
<u>Thurston Geo. Larson</u> | |
| SUPPORTING
RECORD 3- | Type of Document
<u>Family Record</u> | | By whom issued and signed
<u>Original viewed by Vital Statistics Division on</u> | | Date issued
<u>11-7-57</u> | Date Orig. Entry
<u>obviously old</u> |
| | Date of Birth
<u>July 24, 1898</u> | Birth Place
<u>----</u> | Full Name of Mother
<u>Daisy Deen Barger</u> | | Name of Father
<u>T. G. Larson</u> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. H. Jensen

Evidence reviewed by

nr

Nancy Richards

Date Filed

Nov. 7, 1957

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De57-1075

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | |
|--|---|--------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Elina Frandsen | | | 2. Date (month) (day) (year)
Of Birth June 6 1898 | |
| | 3. Color or Race
white | 4. Sex
F | 5. Place of Birth
Bonneville | a. County
Iona, Idaho | |
| FATHER | 6. Full Name of Father
Thomas Christian Frandsen | | | 7. State or Country of Father's Birth
Denmark | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Elizabeth Haycock | | | 9. State or Country of Mother's Birth
Utah | |
| AFRIDAVID | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Eliza Frandsen</i> | |
| NOTARY (seal) | Subscribed and sworn to before me on
<i>July 20 1956</i> | | | 11. Present Address of Registrant
249 Taft Ave.
Pocatello, Idaho | |
| | | | | 12. Signature of Notary
<i>Hayden Barber</i> | |
| | | | | 13. Notary Commission expires
<i>May 28 1957</i> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|------------------------|---|---|--|---|--|
| SUPPORTING
RECORD 1 | Type of Document
Affidavit by Sister | | By whom issued and signed
Mrs. Afton Knowles | Date issued
July 20, 1956 | Date Orig. Entry |
| | Date of Birth
June 6, 1898 | Birth Place
Bonneville Co.
Iona, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2 | Type of Document
Church record | | By whom issued and signed
L.D.S. Pocatello 5th Ward
West Pocatello Stake | Date issued
2/1/1955 | Date Orig. Entry
June 29, 1908 |
| | Date of Birth
June 6, 1898 | Birth Place
Bonneville, Co.
Iona, Idaho | Full Name of Mother
Eliza Haycock | Name of Father
Thomas C. Frandsen | |
| SUPPORTING
RECORD 3 | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date issued | Date Orig. Entry
Oct. 2, 1942 |
| | Date of Birth
June 6, 1898 | Birth Place
Bonneville Co.
Iona, Idaho | Full Name of Mother
Mary Elizabeth Haycock | Name of Father
Thomas Frandsen | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards
SS | Date Filed
Nov. 12, 1957 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

653-225-029-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1109

| | | | | | | | |
|--|---|-------------------------|---|--|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
LORETTA ANNA WELLS | | | | 2. Date (month) (day) (year)
Of Birth JULY 25th 1898 | | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth a. County
LATAH | | b. City or Town of Birth
MOSCOW, IDAHO | | |
| FATHER | 6. Full Name of Father
WILLIAM P. WELLS | | | | 7. State or Country of Father's Birth
OREGON | | |
| MOTHER | 8. Full Maiden Name of Mother
MINNIE R. CROWE | | | | 9. State or Country of Mother's Birth
WASHINGTON | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Loretta A. Johnson</i> | | 11. Present Address of Registrant
2475 OCEAN AVE, VENTURA CALIF. |
| NOTARY (Seal) | Subscribed and sworn to before me on
Nov 6, 1957 | | | | 12. Signature of Notary
<i>Allen S. Stevens</i> | | 13. Notary Commission expires
My Commission Expires May 21, 1961
19__ |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|-------------------------------------|--|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Dept. of Commerce
Bureau of the Census | | Date issued
10-25-57 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
July 1898 | Birth Place
Idaho | Full Name of Mother
Minnie R. Wells | | Name of Father
William P. Wells | |
| SUPPORTING RECORD 2. | Type of Document
Postal Savings Account Record | | By whom issued and signed
U. S. Post Office
Tacoma, Washington | | Date issued
10-9-57 | Date Orig. Entry
July 16, 1937 |
| | Date of Birth
July 25, 1898 | Birth Place
Moscow, Idaho | Full Name of Mother
Minnie Wells | | Name of Father
William Wells | |
| SUPPORTING RECORD 3. | Type of Document
School Record | | By whom issued and signed
Aberdeen School Dist. No. 5
Aberdeen, Washington | | Date issued
10-25-57 | Date Orig. Entry
school census of 1914 |
| | Date of Birth
July 25, 1898 | Birth Place
--- | Full Name of Mother
Minnie Wells | | Name of Father
W. P. Wells | |

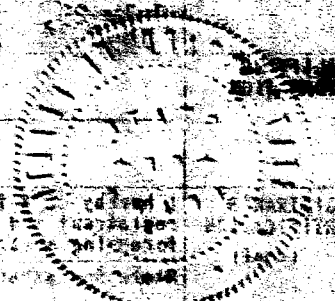
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Nov. 22, 1957 |

DELETED CERTIFICATE OF BIRTH
STATE OF IOWA

NOV 22 1950



249-229-036-572

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De57-1115

| | | | | |
|---|---|----------------------|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Clara Smith</u> | | 2. Date of Birth
(month) (day) (year)
<u>Sept.</u> <u>29</u> <u>1898</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Fm.</u> | 5. Place of Birth
a. County
<u>Oneida</u> | b. City or Town of Birth
<u>Fairview</u> |
| FATHER | 6. Full Name of Father
<u>Charles Henry Smith</u> | | 7. State or Country of Father's Birth
<u>Richmond, Utah</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Eugnia Aldina Egbert</u> | | 9. State or Country of Mother's Birth
<u>Kaysville, Utah</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<u>Clara Smith</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Nov. 6</u> <u>19 57</u> | | 11. Present Address of Registrant
<u>Heyburn, Idaho</u>
12. Signature of Notary
<u>H. V. Creason</u>
13. Notary Commission expires
<u>March 3</u> <u>19 58</u> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|---|---|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
<u>Typed. copy of insurance policy, notarized, Idaho</u> | | By whom issued and signed
<u>Original viewed by H. V. Creason, Attorney & Notary Public,</u> | | Date issued
<u>on 11-7-57</u> | Date Orig. Entry
<u>application date July 17, 1945</u> |
| | Date of Birth
<u>Sept. 29, 1898</u> | Birth Place
<u>Mutual Benefit Assoc. Fairview, Idaho</u> | Full Name of Mother
<u>Rupert, Idaho</u> | | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
<u>Copy of Family Bible Record</u> | | By whom issued and signed
<u>original bible record viewed by H.V. Creason, Notary Public</u> | | Date issued
<u>on 11-7-57</u> | Date Orig. Entry
<u>of great age</u> |
| | Date of Birth
<u>Sept. 29, 1898</u> | Birth Place
<u>Oneida Co. Fairview, Idaho</u> | Full Name of Mother
<u>Eugenia Aldine Egbert</u> | | Name of Father
<u>Charles Henry Smith</u> | |
| SUPPORTING RECORD 3. | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #129120</u> | | Date issued | Date Orig. Entry
<u>child born Jan. 15, 1925</u> |
| | Date of Birth
<u>age 26</u> | Birth Place
<u>Fairview, Idaho</u> | Full Name of Mother | | Name of Father | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>H. V. Creason</u> | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>Nov. 26, 1957</u> |

DELETED COPY OF BIRTH

NOV 28 1967

NOV 28 1967

S. CASE
BIRTH

NOV 28 1967

City of New York

County of New York

State of New York

NOV 28 1967

State of New York

NOV 28 1967

State of New York

County of New York

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299-105-004-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1194

| | | | | | |
|--|---|----------------|--------------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Henrie Evan Birch | | | 2. Date (month) (day) (year)
Of Birth September 5 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Bear Lake | a. County
b. City or Town of Birth
Montpelier | |
| FATHER | 6. Full Name of Father
Robert Abner Birch | | | 7. State or Country of Father's Birth
California | |
| MOTHER | 8. Full Maiden Name of Mother
Clive Vilate Henrie | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Henrie Evan Birch</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>December 5th</i> 1957 | | | 11. Present Address of Registrant
951 12 St. Douglas, Ariz | |
| | | | | 12. Signature of Notary
<i>Sid C. Moen</i> | |
| | | | | 13. Notary Commission expires
My Commission expires February 16, 1961 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|---|--|--|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by parents | | By whom issued and signed
Robert A. Birch and
Olive V. Birch | | Date issued
8-30-1937 |
| | Date of Birth
Sept. 5,
1898 | Birth Place
Montpelier, Idaho | Full Name of Mother
Olive V. Birch | | Name of Father
Robert A. Birch |
| SUPPORTING
RECORD 2. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
11-22-57 |
| | Date of Birth
Sept. 1898
(age 1) | Birth Place
Idaho | Full Name of Mother
Olive V. Birch | | Name of Father
Robt. A. Birch |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Application | | By whom issued and signed
Brotherhood of Railroad
Trainmen | | Date issued
Nov. 9, 1935 |
| | Date of Birth
Sept. 5,
1898 | Birth Place
Bear Lake Co.
Montpelier, Idaho | Full Name of Mother
--- | | Name of Father
--- |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

W. W. Benjamin
Nancy Richards

Dec. 20, 1957

DEC 20 1967


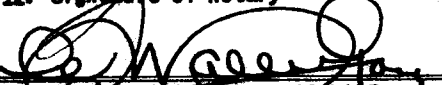
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Department of Public Health
Division of Vital Statistics
Boise, Idaho

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Henry Wells Benson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>November 11 1898</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>M</u> | 5. Place of Birth a. County
<u>Leadore Lemhi</u> | | b. City or Town of Birth
<u>Leadore-formerly- Junction</u> | |
| FATHER | 6. Full Name of Father
<u>Claud Henderson Benson</u> | | | | 7. State or Country of Father's Birth
<u>Baker, Oregon</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Nora Elinor Yearian</u> | | | | 9. State or Country of Mother's Birth
<u>Illinois</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
 | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 15 19 57</u> | | | | 11. Present Address of Registrant
<u>Box 326 Salmon, Idaho</u> | |
| | 12. Signature of Notary
 | | | | 13. Notary Commission expires
<u>February 27 19 60</u> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|--|-------------------------------------|--|--|------------------------|------------------------------------|
| SUPPORTING RECORD 1. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Affidavit by Aunt | | Docia Stewart | | 3-9-57 | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Nov. 11, 1898 | Lemhi Co. Leadore formerly Junction | Nora Elinor Yearian | | Claud Henderson Benson | |
| SUPPORTING RECORD 2. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Marriage License | | Beaverhead Co., Montana | | 8-5-57 | 6-29-1921 |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | age 22 | Junction, Idaho | Nora Yearian | | Claude Benson | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Voting Record | | Lemhi Co., Idaho | | 11-4-57 | July 3, 1926 |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | age 27 | Idaho | | | | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
 | | Evidence reviewed by
ss <u>Nancy Richards</u> | | | Date Filed
<u>Dec. 20, 1957</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF BIRTH

DEC 24 1950
MAY 25 1951

1. Name of child: [illegible]
2. Sex: [illegible]
3. Date of birth: [illegible]
4. Place of birth: [illegible]
5. State of birth: [illegible]
6. Name of mother: [illegible]
7. Name of father: [illegible]
8. Present address of registrant: [illegible]
9. Name of registrar: [illegible]
10. Date of registration: [illegible]
11. Signature of registrar: [illegible]
12. Signature of mother: [illegible]
13. Signature of father: [illegible]
14. Signature of child: [illegible]
15. Date of filing: [illegible]
16. Name of registrar: [illegible]
17. Name of mother: [illegible]
18. Name of father: [illegible]
19. Name of child: [illegible]
20. Date of filing: [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1212
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Jay Booth</u> | | | 2. Date (month) (day) (year)
Of Birth <u>8</u> <u>21</u> <u>1898</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>F</u> | 5. Place of Birth
<u>Kellogg Idaho</u>
<u>Shoshone County</u> | b. City or Town of Birth
<u>Kellogg Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>Elias Dayton Booth</u> | | | 7. State or Country of Father's Birth
<u>Iowa</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Harriett Crandall</u> | | | 9. State or Country of Mother's Birth
<u>Oregon</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Jay E. Helt</u> | | 11. Present Address of Registrant
<u>Seattle, Wash.</u>
<u>2350 Blue Ridge Dr.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Nov 5</u> <u>1957</u> | | | 12. Signature of Notary
<u>Chas R. McJannet</u> | | 13. Notary Commission expires
<u>Washington. Residing in Seattle</u>
<u>My Commission Expires March 30, 1958</u> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--------------------------------------|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
<u>School Record</u> | | By whom issued and signed
<u>Joint Class A School Dist.</u>
<u>391, Kellogg, Idaho</u> | | Date issued
<u>4-1-57</u> |
| | Date of Birth
<u>Aug. 21,</u>
<u>1898</u> | Birth Place
<u>Kellogg, Idaho</u> | Full Name of Mother
<u>Harriett Booth</u> | | Date Orig. Entry
<u>Sept. 1913</u> |
| SUPPORTING
RECORD 2- | Type of Document
<u>Affidavit by</u>
<u>neighbor at time of birth,</u>
<u>born May 11, 1861</u> | | By whom issued and signed
<u>Carrie H. Ross</u> | | Date issued
<u>4-12-57</u> |
| | Date of Birth
<u>Aug. 21,</u>
<u>1898</u> | Birth Place
<u>Kellogg, Idaho</u> | Full Name of Mother
<u>Harriett Booth</u> | | Date Orig. Entry
<u>Sept. 1913</u> |
| SUPPORTING
RECORD 3- | Type of Document
<u>Hospital Record</u> | | By whom issued and signed
<u>Maynard Hospital</u>
<u>Seattle, Washington</u> | | Date issued
<u>12-17-57</u> |
| | Date of Birth
<u>Aug. 21,</u>
<u>1898</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>Crandall</u> | | Date Orig. Entry
<u>Dec. 11, 1939</u> |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>Dec. 27, 1957</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

NOV 21 1954

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

[Illegible text block containing several lines of typed information, possibly a memorandum or report header.]



[Illegible text block, likely the body of a memorandum or report, consisting of several lines of text.]



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913-107201-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-45

| | | | | | | |
|--|---|----------------|------------------------------------|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Archiebald Charles Matthews | | | 2. Date (month) (day) (year)
Of Birth October 7, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Ada | b. City or Town of Birth
Boise | | |
| FATHER | 6. Full Name of Father
Louis L. Matthews | | | 7. State or Country of Father's Birth
Newmarket, Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Frances M. Clemmans | | | 9. State or Country of Mother's Birth
Bluntsville, Indiana | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Archiebald C. Matthews</i> | | 11. Present Address of Registrant
<i>Old Ada</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>December 5 1957</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|-----------------------------|---|--|-------------------------------------|--------------------------|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by Mother | | By whom issued and signed
Frances M. Matthews - age 77 | | Date issued
12-10-1956 | Date Orig. Entry |
| | Date of Birth
Oct. 7, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
Frances M. Matthews | | Name of Father
Louie L. Matthews | |
| SUPPORTING RECORD 2. | Type of Document
Own Child's birth certificate | | By whom issued and signed
State of Idaho #189911 | | Date issued
March 5, 1931 | Date Orig. Entry
1931 |
| | Date of Birth
Age 32 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
Photostatic copy of original Social Security Application | | By whom issued and signed
Treasury Department | | Date issued
6-24-1950 | Date Orig. Entry |
| | Date of Birth
Oct. 7, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
Frankie M. Clemmans | | Name of Father
Louie L. Matthews | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

sc Shirley Cooper

Date Filed

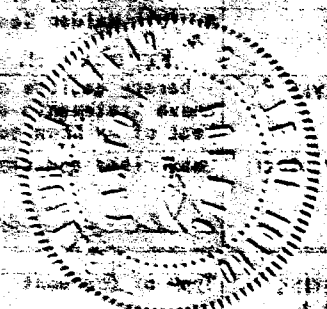
Jan. 27, 1958

1 copy per

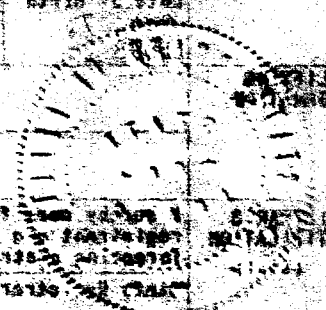
DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

State of Delaware
Department of Health
Bureau of Vital Statistics

| | | | |
|---|---|--|--|
| <p>1. Name of child
Charles Joseph</p> | <p>2. Sex
Male</p> | <p>3. Date of birth
October 3, 1928</p> | <p>4. Place of birth
Wilmington, Delaware</p> |
| <p>5. Name of father
Charles Joseph</p> | <p>6. Name of mother
Elizabeth</p> | <p>7. Name of father's mother
Elizabeth</p> | <p>8. Name of mother's mother
Elizabeth</p> |
| <p>9. Name of father's father
Charles Joseph</p> | <p>10. Name of mother's father
Elizabeth</p> | <p>11. Name of father's mother's father
Elizabeth</p> | <p>12. Name of mother's mother's father
Elizabeth</p> |
| <p>13. Name of father's mother's mother
Elizabeth</p> | <p>14. Name of mother's mother's mother
Elizabeth</p> | <p>15. Name of father's mother's mother's father
Elizabeth</p> | <p>16. Name of mother's mother's mother's father
Elizabeth</p> |
| <p>17. Name of father's mother's mother's mother
Elizabeth</p> | <p>18. Name of mother's mother's mother's mother
Elizabeth</p> | <p>19. Name of father's mother's mother's mother's father
Elizabeth</p> | <p>20. Name of mother's mother's mother's mother's father
Elizabeth</p> |



| | | | |
|---|---|--|--|
| <p>21. Name of child
Charles Joseph</p> | <p>22. Sex
Male</p> | <p>23. Date of birth
October 3, 1928</p> | <p>24. Place of birth
Wilmington, Delaware</p> |
| <p>25. Name of father
Charles Joseph</p> | <p>26. Name of mother
Elizabeth</p> | <p>27. Name of father's mother
Elizabeth</p> | <p>28. Name of mother's mother
Elizabeth</p> |
| <p>29. Name of father's father
Charles Joseph</p> | <p>30. Name of mother's father
Elizabeth</p> | <p>31. Name of father's mother's father
Elizabeth</p> | <p>32. Name of mother's mother's father
Elizabeth</p> |
| <p>33. Name of father's mother's mother
Elizabeth</p> | <p>34. Name of mother's mother's mother
Elizabeth</p> | <p>35. Name of father's mother's mother's father
Elizabeth</p> | <p>36. Name of mother's mother's mother's father
Elizabeth</p> |
| <p>37. Name of father's mother's mother's mother
Elizabeth</p> | <p>38. Name of mother's mother's mother's mother
Elizabeth</p> | <p>39. Name of father's mother's mother's mother's father
Elizabeth</p> | <p>40. Name of mother's mother's mother's mother's father
Elizabeth</p> |



231-206-029-993 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De58-66
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Myrtle Almata Stanton</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>February 6 1898</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Latah</u> | b. City or Town of Birth
<u>Kendrick</u> | |
| FATHER | 6. Full Name of Father
<u>James Thomas Stanton</u> | | | | 7. State or Country of Father's Birth
<u>Illinois</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Hattie Lenora Riley</u> | | | | 9. State or Country of Mother's Birth
<u>Iowa</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Myrtle A. Marsh</u> | | 11. Present Address of Registrant
<u>1701 Farley Road
Los Gatos, California</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>December 31 1957</u> | | | 12. Signature of Notary
<u>Carl L. Hoobell</u> | | 13. Notary Commission expires
<u>July 31 1960</u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---------------------------------------|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
<u>Affidavit by mother, age 78</u> | | By whom issued and signed
<u>Hattie L. Stanton</u> | | Date issued
<u>9-5-57</u> |
| | Date of Birth
<u>Feb. 6, 1898</u> | Birth Place
<u>Kendrick, Idaho</u> | Full Name of Mother
<u>Hattie Lenora Riley Stanton</u> | | Name of Father
<u>James Thomas Stanton</u> |
| SUPPORTING RECORD 2. | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #325899</u> | | Date issued
<u>Feb. 19, 1921</u> |
| | Date of Birth
<u>age 23</u> | Birth Place
<u>Kendrick, Idaho</u> | Full Name of Mother
<u>---</u> | | Name of Father
<u>---</u> |
| SUPPORTING RECORD 3. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Metropolitan Life Ins. Co.</u> | | Date issued
<u>February 1, 1943</u> |
| | Date of Birth
<u>age next birthday-45</u> | Birth Place
<u>---</u> | Full Name of Mother
<u>---</u> | | Name of Father
<u>---</u> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. Benson</u> | | Evidence reviewed by
<u>Nancy Richards</u> | | Date Filed
<u>Jan. 31, 1958</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

[illegible]

1. State or Country of Origin: U.S.A.
2. State or Country of Birth: U.S.A.
3. Date of Birth: 10/10/1910
4. Date of Death: 10/10/1910
5. Date of Marriage: 10/10/1910
6. Date of Divorce: 10/10/1910
7. Date of Re-marriage: 10/10/1910
8. Date of Death: 10/10/1910
9. Date of Burial: 10/10/1910
10. Date of Cremation: 10/10/1910
11. Date of Interment: 10/10/1910
12. Date of Exhumation: 10/10/1910
13. Date of Re-interment: 10/10/1910
14. Date of Re-cremation: 10/10/1910
15. Date of Re-interment: 10/10/1910
16. Date of Re-exhumation: 10/10/1910
17. Date of Re-interment: 10/10/1910
18. Date of Re-cremation: 10/10/1910
19. Date of Re-interment: 10/10/1910
20. Date of Re-exhumation: 10/10/1910
21. Date of Re-interment: 10/10/1910
22. Date of Re-cremation: 10/10/1910
23. Date of Re-interment: 10/10/1910
24. Date of Re-exhumation: 10/10/1910
25. Date of Re-interment: 10/10/1910
26. Date of Re-cremation: 10/10/1910
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28. Date of Re-exhumation: 10/10/1910
29. Date of Re-interment: 10/10/1910
30. Date of Re-cremation: 10/10/1910
31. Date of Re-interment: 10/10/1910
32. Date of Re-exhumation: 10/10/1910
33. Date of Re-interment: 10/10/1910
34. Date of Re-cremation: 10/10/1910
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36. Date of Re-exhumation: 10/10/1910
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39. Date of Re-interment: 10/10/1910
40. Date of Re-exhumation: 10/10/1910
41. Date of Re-interment: 10/10/1910
42. Date of Re-cremation: 10/10/1910
43. Date of Re-interment: 10/10/1910
44. Date of Re-exhumation: 10/10/1910
45. Date of Re-interment: 10/10/1910
46. Date of Re-cremation: 10/10/1910
47. Date of Re-interment: 10/10/1910
48. Date of Re-exhumation: 10/10/1910
49. Date of Re-interment: 10/10/1910
50. Date of Re-cremation: 10/10/1910
51. Date of Re-interment: 10/10/1910
52. Date of Re-exhumation: 10/10/1910
53. Date of Re-interment: 10/10/1910
54. Date of Re-cremation: 10/10/1910
55. Date of Re-interment: 10/10/1910
56. Date of Re-exhumation: 10/10/1910
57. Date of Re-interment: 10/10/1910
58. Date of Re-cremation: 10/10/1910
59. Date of Re-interment: 10/10/1910
60. Date of Re-exhumation: 10/10/1910
61. Date of Re-interment: 10/10/1910
62. Date of Re-cremation: 10/10/1910
63. Date of Re-interment: 10/10/1910
64. Date of Re-exhumation: 10/10/1910
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66. Date of Re-cremation: 10/10/1910
67. Date of Re-interment: 10/10/1910
68. Date of Re-exhumation: 10/10/1910
69. Date of Re-interment: 10/10/1910
70. Date of Re-cremation: 10/10/1910
71. Date of Re-interment: 10/10/1910
72. Date of Re-exhumation: 10/10/1910
73. Date of Re-interment: 10/10/1910
74. Date of Re-cremation: 10/10/1910
75. Date of Re-interment: 10/10/1910
76. Date of Re-exhumation: 10/10/1910
77. Date of Re-interment: 10/10/1910
78. Date of Re-cremation: 10/10/1910
79. Date of Re-interment: 10/10/1910
80. Date of Re-exhumation: 10/10/1910
81. Date of Re-interment: 10/10/1910
82. Date of Re-cremation: 10/10/1910
83. Date of Re-interment: 10/10/1910
84. Date of Re-exhumation: 10/10/1910
85. Date of Re-interment: 10/10/1910
86. Date of Re-cremation: 10/10/1910
87. Date of Re-interment: 10/10/1910
88. Date of Re-exhumation: 10/10/1910
89. Date of Re-interment: 10/10/1910
90. Date of Re-cremation: 10/10/1910
91. Date of Re-interment: 10/10/1910
92. Date of Re-exhumation: 10/10/1910
93. Date of Re-interment: 10/10/1910
94. Date of Re-cremation: 10/10/1910
95. Date of Re-interment: 10/10/1910
96. Date of Re-exhumation: 10/10/1910
97. Date of Re-interment: 10/10/1910
98. Date of Re-cremation: 10/10/1910
99. Date of Re-interment: 10/10/1910
100. Date of Re-exhumation: 10/10/1910

Excluded from automatic downgrading
and declassification

98

[illegible]

1942

10-10-68

100-443887-100

1961-1962
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 218. DATE _____
 219. TIME _____
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SECRET

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John A. Smith, Jr. is a member of the Board of Directors of the American Red Cross, and is a member of the Board of Directors of the American Red Cross, and is a member of the Board of Directors of the American Red Cross.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-128
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|---|---|-------------------------|---------------------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Lenore Pugmire</u> | | | 2. Date (month) (day) (year)
Of Birth <u>September 7 1898</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Bear Lake</u> | b. City or Town of Birth
<u>St. Charles, Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>William Nelson Pugmire</u> | | | 7. State or Country of Father's Birth
<u>Utah, U.S.A.</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Sarah Ann Allred</u> | | | 9. State or Country of Mother's Birth
<u>Idaho, U.S.A.</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Lenore Pugmire, Arnell</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>February 3 1958</u> | | | 11. Present Address of Registrant
<u>Box 499, Logan, Utah</u> | |
| | 12. Signature of Notary
<u>Nolan P. Olsen</u> | | | 13. Notary Commission expires
<u>Nov. 21 1959</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---|---|--|---|---|
| SUPPORTING RECORD 1.

Class <u>A</u> | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>Bear Lake Stake, St. Charles Ward, LDS Church</u> | | Date issued
<u>12-6-55</u> | Date Orig. Entry
<u>Nov. 6, 1898</u> |
| | Date of Birth
<u>Sept. 7, 1898</u> | Birth Place
<u>Bear Lake Co. St. Charles, Idaho</u> | Full Name of Mother
<u>Anna Allred</u> | | Name of Father
<u>William N. Pugmire</u> | |
| SUPPORTING RECORD 2.

Class <u>B</u> | Type of Document
<u>Affidavit by person who assisted the attending physician,</u> | | By whom issued and signed
<u>Annie Stone, E. Logan, Utah</u> | | Date issued
<u>7-21-54</u> | Date Orig. Entry |
| | Date of Birth
<u>Sept. 7, 1898</u> | Birth Place
<u>Dr. John Arguire St. Charles, Idaho</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>----</u> | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #189396</u> | | Date issued | Date Orig. Entry
<u>child born Mar. 20, 1931</u> |
| | Date of Birth
<u>age 32</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>----</u> | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | | |
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | State Registrar
<u>W. Benson</u> | | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>Feb. 18, 1958</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Feb 19 1950

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| | | | | | | |
|--------|------|------|---------------|------------------|---------------------------------------|-------------------|
| CLASS | DATE | NAME | DATE OF BIRTH | TYPE OF DOCUMENT | OWN OFFICE - (If not, indicate State) | REPORTING OFFICE |
| SECRET | 1942 | JOHN | 1912 | Passport | State of New York | State of New York |

10-11-54

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-164
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-----------------------|----------------------------------|--|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Kent Hiram Redwine</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>April</u> <u>10</u> <u>1898</u> | | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Lemi</u> | | a. County
<u>Salmon City</u> | | | |
| FATHER | 6. Full Name of Father
<u>Hiram Green Redwine</u> | | | | 7. State or Country of Father's Birth
<u>Kentucky</u> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Olivia MacNab</u> | | | | 9. State or Country of Mother's Birth
<u>Idaho</u> | | | |
| AFFIDAVIT. | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Kent Hiram Redwine</u> | | 11. Present Address of Registrant
<u>915-A So. Orange Grove
Pasadena, California</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>January 3 1958</u> | | | | 12. Signature of Notary
<u>Hiram Green Redwine</u> | | 13. Notary Commission expires
<u>August 15, 1959.</u> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|--|---|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Affidavit by father</u> | | By whom issued and signed
<u>Hiram Green Redwine</u> | | Date issued
<u>1-3-58</u> | Date Orig. Entry | |
| | Date of Birth
<u>April 10, 1898</u> | Birth Place
<u>Lemhi Co.
Salmon City, Idaho</u> | Full Name of Mother
<u>Olivia MacNab Redwine</u> | | Name of Father
<u>Hiram Green Redwine</u> | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Honorable Discharge</u> | | By whom issued and signed
<u>U. S. Army</u> | | Date issued
<u>12-11-18</u> | Date Orig. Entry
<u>Oct. 1, 1918</u> | |
| | Date of Birth
<u>enlisted at age 20</u> | Birth Place
<u>Salmon, Idaho</u> | Full Name of Mother | | Name of Father | | |
| SUPPORTING
RECORD 3. | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>California #3670</u> | | Date issued
<u>8-30-45</u> | Date Orig. Entry
<u>child born March 17, 1932</u> | |
| | Date of Birth
<u>age 33</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>---</u> | | Name of Father
<u>---</u> | | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>Nancy Richards</u> | Date Filed
<u>March 3, 1958</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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419 26 MAR 70 150 100 100 100

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10-11-68

and one thing is definite on this point, that the statements are true to the best of my knowledge and belief.

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1968-1969

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RECEIVED
JAN 10 1964
U.S. AIR FORCE
HEADQUARTERS
AIR FORCE
WASHINGTON, D.C.

ON JANUARY TWENTY LAST THE FOLLOWING
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DATE 08-11-2010 BY 60322 JAL

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| 2 | ~75 | ~25 | ~0 |
| 3 | ~65 | ~35 | ~0 |
| 4 | ~55 | ~45 | ~0 |
| 5 | ~45 | ~55 | ~0 |
| 6 | ~35 | ~65 | ~0 |
| 7 | ~25 | ~75 | ~0 |
| 8 | ~15 | ~85 | ~0 |
| 9 | ~5 | ~95 | ~0 |
| 10 | ~0 | ~100 | ~0 |

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THE OFFICE OF THE ATTORNEY GENERAL, NEW YORK, N. Y.

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De58-267**

| | | | | | | |
|---|---|-----------------------|---|---|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
FRED JERE HOLDEN | | | 2. Date (month) (day) (year)
Of Birth APRIL 27, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Ada | b. City or Town of Birth
Boise | | |
| FATHER | 6. Full Name of Father
Roy B. Holden | | | 7. State or Country of Father's Birth
New Hampshire | | |
| MOTHER | 8. Full Maiden Name of Mother
Fannie Bubb | | | 9. State or Country of Mother's Birth
Hagerman, Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Fred Holden</i> | | 11. Present Address of Registrant
Route 5, Box 226
Boise, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 25</i> 1958 | | | 12. Signature of Notary
<i>Nina R. Carroll
Boise Idaho</i> | | 13. Notary Commission expires
<i>4-5</i> 1959 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|------------------------------------|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by Father | | By whom issued and signed
Roy B. Holden - Father | | Date issued
3-25-58 | Date Orig. Entry |
| | Date of Birth
April 27, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
Fannie Bubb | | Name of Father
Roy B. Holden | |
| SUPPORTING RECORD 2. | Type of Document
Certified copy of Ministers Report of Marriage | | By whom issued and signed
Ada County Recorders Office
Boise, Idaho | | Date issued
3-25-58 | Date Orig. Entry
Jan. 3, 1922 |
| | Date of Birth
Age 23 | Birth Place
Boise, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3. | Type of Document
School Record | | By whom issued and signed
Independent School Dist. of
Boise, Idaho | | Date issued
3-25-58 | Date Orig. Entry
Jan. 26, 1914 |
| | Date of Birth
April 27, 1898 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
Roy B. Holden | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

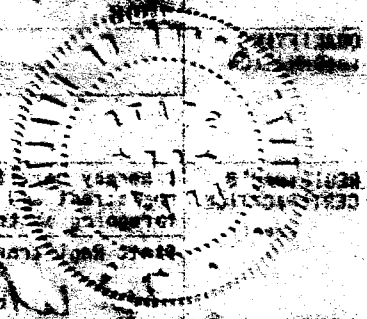
| | | |
|--|---|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W W Benson</i> | Evidence reviewed by
Shirley Cooper | Date Filed
March 26, 1958 |

STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

State of Idaho No. 2528-207

| | | | |
|--|--|--|--|
| 1. Full name of child
ROY R. HOLDSBEN | | 2. Date of birth
APRIL 27, 1928 | |
| 3. Sex
Male | | 4. Place of birth
Boise | |
| 5. Full name of father
ROY R. HOLDSBEN | | 6. State of birth of father
New Hampshire | |
| 7. Full name of mother
EMMA HOLDSBEN | | 8. State of birth of mother
Idaho | |
| 9. Name of hospital or institution where born
Boise, Idaho | | 10. Name of physician or midwife
Boise, Idaho | |
| 11. Name of person who delivered child
Boise, Idaho | | 12. Name of person who attended birth
Boise, Idaho | |
| 13. Name of person who delivered child
Boise, Idaho | | | |
| 14. Name of person who attended birth
Boise, Idaho | | | |
| 15. Name of person who delivered child
Boise, Idaho | | | |
| 16. Name of person who attended birth
Boise, Idaho | | | |
| 17. Name of person who delivered child
Boise, Idaho | | | |
| 18. Name of person who attended birth
Boise, Idaho | | | |
| 19. Name of person who delivered child
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| 95. Name of person who delivered child
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| 96. Name of person who attended birth
Boise, Idaho | | | |
| 97. Name of person who delivered child
Boise, Idaho | | | |
| 98. Name of person who attended birth
Boise, Idaho | | | |
| 99. Name of person who delivered child
Boise, Idaho | | | |
| 100. Name of person who attended birth
Boise, Idaho | | | |

Shirley Cooper
 March 26, 1928



296-216-028-45

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-287

| | | | | | | | |
|--|---|-------------------------|---|------------------------------|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>EDNA RAE BROWN.</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>October 16 1898</i> | | |
| | 3. Color or Race
<i>WHITE</i> | 4. Sex
<i>FEMALE</i> | 5. Place of Birth
<i>Coeur d'Alene</i> | a. County
<i>Kootenai</i> | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<i>Ezekiel Brown.</i> | | | | 7. State or Country of Father's Birth
<i>Rhode Island</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Susan J. Manley.</i> | | | | 9. State or Country of Mother's Birth
<i>Pennsylvania</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edna Rae Strauss</i> | | 11. Present Address of Registrant
<i>Pescue - California</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 7 1957</i> | | | | 12. Signature of Notary
<i>Ann Kah-</i> | | 13. Notary Commission expires
<i>Feb 16 1961</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|--|--|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | | Date issued | Date Orig. Entry
<i>Aug. 25, 1937</i> |
| | Date of Birth
<i>Oct. 16, 1898</i> | Birth Place
<i>Coeur d'Alene, Idaho</i> | Full Name of Mother
<i>Susan J. Manley</i> | | Name of Father
<i>Ezekiel Brown</i> | |
| SUPPORTING RECORD 2- | Type of Document
<i>Federal Census Record</i> | | By whom issued and signed
<i>U. S. Bureau of the Census</i> | | Date issued
<i>2-28-58</i> | Date Orig. Entry
<i>Jan. 1, 1920</i> |
| | Date of Birth
<i>age 21</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Susan J. Brown</i> | | Name of Father
<i>---</i> | |
| SUPPORTING RECORD 3- | Type of Document
<i>Affidavit by cousin, age 73</i> | | By whom issued and signed
<i>Edna Rae Brown</i> | | Date issued
<i>1-20-58</i> | Date Orig. Entry |
| | Date of Birth
<i>Oct. 16, 1898</i> | Birth Place
<i>Coeur d'Alene, Idaho</i> | Full Name of Mother
<i>Susan J. Manley Brown</i> | | Name of Father
<i>Ezekiel Brown</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>April 2, 1958</i> |

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

24-00-0000

STATE OF DELAWARE
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

| | | | | | |
|---------------------------------------|--|-------------------------------------|--|--------------------------------------|--|
| Date of Birth
10
1958 | | Month
APR 2 1958 | | Day
10 | |
| Place of Birth
State of Delaware | | City or Town of Birth
Wilmington | | County of Birth
New Castle | |
| Name of Father
John J. Smith | | Name of Mother
Mary J. Smith | | Name of Child
John J. Smith | |
| Signature of Registrar
[Signature] | | Signature of Father
[Signature] | | Signature of Mother
[Signature] | |
| Date of Registration
10-10-58 | | Place of Registration
Wilmington | | County of Registration
New Castle | |

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

| | | | | | |
|---------------------------------------|--|-------------------------------------|--|--------------------------------------|--|
| Date of Birth
10-10-58 | | Month
APR 2 1958 | | Day
10 | |
| Place of Birth
State of Delaware | | City or Town of Birth
Wilmington | | County of Birth
New Castle | |
| Name of Father
John J. Smith | | Name of Mother
Mary J. Smith | | Name of Child
John J. Smith | |
| Signature of Registrar
[Signature] | | Signature of Father
[Signature] | | Signature of Mother
[Signature] | |
| Date of Registration
10-10-58 | | Place of Registration
Wilmington | | County of Registration
New Castle | |

| | | | | | |
|---------------------------------------|--|-------------------------------------|--|--------------------------------------|--|
| Date of Birth
10-10-58 | | Month
APR 2 1958 | | Day
10 | |
| Place of Birth
State of Delaware | | City or Town of Birth
Wilmington | | County of Birth
New Castle | |
| Name of Father
John J. Smith | | Name of Mother
Mary J. Smith | | Name of Child
John J. Smith | |
| Signature of Registrar
[Signature] | | Signature of Father
[Signature] | | Signature of Mother
[Signature] | |
| Date of Registration
10-10-58 | | Place of Registration
Wilmington | | County of Registration
New Castle | |

136-220-016-299 DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De58-318
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|-------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Pickett, Arilla LaFloore | | | 2. Date (month) (day) (year)
Of Birth Sept. 20 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Marion Idaho Cassia | b. City or Town of Birth
Marion Idaho | |
| FATHER | 6. Full Name of Father
Mannie Pickett | | | 7. State or Country of Father's Birth
Toole Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Dora Leona Briggs | | | 9. State or Country of Mother's Birth
Flagpond Tennessee | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Arilla L. LaFloore</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>February 12, 1958</u> | | | 11. Present Address of Registrant
515 West Benton, Pocatello Idaho | |
| | 12. Signature of Notary
<i>Leonard O. Kingford</i> | | | 13. Notary Commission expires
<u>August 14 1961</u> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Church Record--Blessing | | By whom issued and signed
IDS Church, Salt Lake City, U. | | Date issued
3-19-58 |
| | Date of Birth
Sept. 20, 1898 | Birth Place
Marion, Idaho | Full Name of Mother
Dora L. Briggs | | Date Orig. Entry
Nov. 6, 1898 |
| Class <u>A</u> | | | | | Name of Father
Mannie Pickett |
| SUPPORTING
RECORD 2. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued |
| | Date of Birth
Sept. 20, 1898 | Birth Place
Cassia Co. Marion, Idaho | Full Name of Mother
Dora Leona Briggs | | Date Orig. Entry
Dec. 27, 1941 |
| Class <u>B</u> | | | | | Name of Father
Mannie Pickett |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by father, age 82 | | By whom issued and signed
Mannie Pickett | | Date issued
2-20-58 |
| | Date of Birth
Sept. 20, 1898 | Birth Place
Marion, Idaho | Full Name of Mother
Dora Leona Briggs Pickett | | Date Orig. Entry |
| Class <u>B</u> | | | | | Name of Father
Mannie Pickett |

| | | | |
|--|--|---|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
April 21, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1944 1945

APR 21 1960 T-ANTG-1028

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231

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4-10

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10-10-10

SECRET

2. WHITE LINE
FOOTAGE: 1.10

11242

7-13-1964

一、二、三、四、五、六、七、八、九、十、十一、十二、十三、十四、十五、十六、十七、十八、十九、二十、二十一、二十二、二十三、二十四、二十五、二十六、二十七、二十八、二十九、三十、三十一、三十二、三十三、三十四、三十五、三十六、三十七、三十八、三十九、四十、四十一、四十二、四十三、四十四、四十五、四十六、四十七、四十八、四十九、五十、五十一、五十二、五十三、五十四、五十五、五十六、五十七、五十八、五十九、六十、六十一、六十二、六十三、六十四、六十五、六十六、六十七、六十八、六十九、七十、七十一、七十二、七十三、七十四、七十五、七十六、七十七、七十八、七十九、八十、八十一、八十二、八十三、八十四、八十五、八十六、八十七、八十八、八十九、九十、九十一、九十二、九十三、九十四、九十五、九十六、九十七、九十八、九十九、一百。

10-17-64

8201 12 1964

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

475-221-036-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-385

| | | | | | | | |
|--|---|-------------------------|---|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Annie Loraine Davis</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>June 21 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Preston Oneida, Idaho</i> | | 6. City or Town of Birth
<i>Preston, Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Reese J. Davis</i> | | | | 7. State or Country of Father's Birth
<i>Wales</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Annie Kershaw</i> | | | | 9. State or Country of Mother's Birth
<i>England</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Annie D. Wood</i> | | 11. Present Address of Registrant
<i>359 So. Arizona St. Los Angeles Cal.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 17 1958</i> | | | | 12. Signature of Notary
<i>JW Slack</i> | | 13. Notary Commission expires
<i>January 16 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---|---|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
<i>Church Record--Baptism</i> | | By whom issued and signed
<i>Preston 4th Ward LDS Church</i> | | Date issued
<i>9-12-09</i> | Date Orig. Entry
<i>Sept. 10, 1909</i> |
| | Date of Birth
<i>June 21, 1898</i> | Birth Place
<i>Oneida Co. Preston, Idaho</i> | Full Name of Mother
<i>Annie Kershaw</i> | | Name of Father
<i>Reese J. Davis</i> | |
| SUPPORTING RECORD 2- | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #80793</i> | | Date issued | Date Orig. Entry
<i>child born June 24, 1920</i> |
| | Date of Birth
<i>age 22</i> | Birth Place
<i>Preston, Idaho</i> | Full Name of Mother
<i>ANNE</i> | | Name of Father
<i>RESE</i> | |
| SUPPORTING RECORD 3- | Type of Document
<i>Family Record</i> | | By whom issued and signed
<i>original viewed by Bureau of Vital Statistics</i> | | Date issued | Date Orig. Entry
<i>obviously old</i> |
| | Date of Birth
<i>June 21, 1898</i> | Birth Place
<i>Preston, Idaho</i> | Full Name of Mother
<i>Annie Kershaw</i> | | Name of Father
<i>Reese John Davis</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

Nancy Richards

May 6, 1958

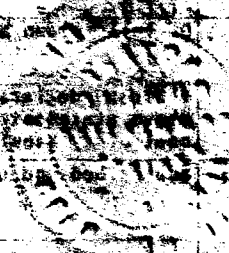
2 copies paid

DECLAYED CERTIFICATE OF BIRTH

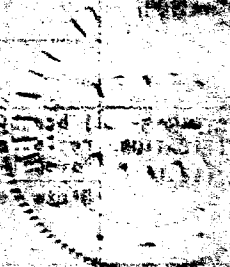
STATE OF OHIO

MAY 9 1950

| | | | | | |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 1. Name of child | 2. Sex | 3. Date of birth | 4. Place of birth | 5. Name of mother | 6. Name of father |
| | | | | | |
| 7. State of birth | 8. Name of mother | 9. Name of father | 10. Name of mother | 11. Name of father | 12. Name of mother |
| | | | | | |
| 13. Name of mother | 14. Name of father | 15. Name of mother | 16. Name of father | 17. Name of mother | 18. Name of father |
| | | | | | |
| 19. Name of mother | 20. Name of father | 21. Name of mother | 22. Name of father | 23. Name of mother | 24. Name of father |
| | | | | | |



| | | | | | |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 25. Name of mother | 26. Name of father | 27. Name of mother | 28. Name of father | 29. Name of mother | 30. Name of father |
| | | | | | |
| 31. Name of mother | 32. Name of father | 33. Name of mother | 34. Name of father | 35. Name of mother | 36. Name of father |
| | | | | | |
| 37. Name of mother | 38. Name of father | 39. Name of mother | 40. Name of father | 41. Name of mother | 42. Name of father |
| | | | | | |
| 43. Name of mother | 44. Name of father | 45. Name of mother | 46. Name of father | 47. Name of mother | 48. Name of father |
| | | | | | |



1. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

2. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

3. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

4. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

5. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

6. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

7. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

8. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

9. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

10. I hereby certify that the foregoing is a true and correct copy of the original record as it appears in the files of the Department of Health, State of Ohio, and that the same has been reviewed and found correct.

853216-010-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-394

| | | | | | | |
|--|--|-------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Dollie Dell Helm | | | 2. Date (month) (day) (year)
Of Birth January 16 1898 | | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth a. County
Bonneville | b. City or Town of Birth
Idaho Falls, Idaho | | |
| FATHER | 6. Full Name of Father
Frank Irving Helm | | | 7. State or Country of Father's Birth
Union Fork, Salt Lake County, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Louiza Wilson | | | 9. State or Country of Mother's Birth | | |
| AFFIDAVIT | 1. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
X Dollie Dell Helm | | 11. Present Address of Registrant
400 E 13th Street
Idaho Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 23, 1958 | | | 12. Signature of Notary
Dale M. Jensen | | 13. Notary Commission expires
April 3, 1961 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|------------------------|--|--|---|-------------------------------------|--|
| SUPPORTING
RECORD 1 | Type of Document Affidavit by neighbor at time of birth | | By whom issued and signed
Warren J. Webster, age 71 | Date issued
4-23-58 | Date Orig. Entry |
| | Date of Birth
Jan. 16, 1898 | Birth Place
---- | Full Name of Mother
Mary Louiza Helm | Name of Father
Frank Helm | |
| SUPPORTING
RECORD 2 | Type of Document own child's birth certificate | | By whom issued and signed
Idaho #78691 | Date issued | Date Orig. Entry
child born March 30, 1920 |
| | Date of Birth
age 22 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING
RECORD 3 | Type of Document Physician's record | | By whom issued and signed
G. C. Erickson, M.D.
Idaho Falls, Idaho | Date issued
3-13-58 | Date Orig. Entry
1946 |
| | Date of Birth
Jan. 16, 1898 | Birth Place
---- | Full Name of Mother
---- | Name of Father
---- | |

| | | | |
|--|--|---|-----------------------------------|
| QUALIFYING
INFORMATION | Lodge Record, Lily Rebekah Lodge #33, Idaho Falls, Idaho; 3-15-58: age 48 as of
March 28, 1946. | | |
| | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
Dale M. Jensen | Evidence reviewed by
Nancy Richards | Date Filed
May 12, 1958 |

MAY 12 1954

[illegible]

arranged to study...

ad. 1941. 1942. 1943. 1944. 1945. 1946. 1947. 1948. 1949. 1950. 1951. 1952. 1953. 1954. 1955. 1956. 1957. 1958. 1959. 1960. 1961. 1962. 1963. 1964. 1965. 1966. 1967. 1968. 1969. 1970. 1971. 1972. 1973. 1974. 1975. 1976. 1977. 1978. 1979. 1980. 1981. 1982. 1983. 1984. 1985. 1986. 1987. 1988. 1989. 1990. 1991. 1992. 1993. 1994. 1995. 1996. 1997. 1998. 1999. 2000. 2001. 2002. 2003. 2004. 2005. 2006. 2007. 2008. 2009. 2010. 2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020. 2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030. 2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040. 2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050. 2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060. 2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070. 2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080. 2081. 2082. 2083. 2084. 2085. 2086. 2087. 2088. 2089. 2090. 2091. 2092. 2093. 2094. 2095. 2096. 2097. 2098. 2099. 2100. 2101. 2102. 2103. 2104. 2105. 2106. 2107. 2108. 2109. 2110. 2111. 2112. 2113. 2114. 2115. 2116. 2117. 2118. 2119. 2120. 2121. 2122. 2123. 2124. 2125. 2126. 2127. 2128. 2129. 2130. 2131. 2132. 2133. 2134. 2135. 2136. 2137. 2138. 2139. 2140. 2141. 2142. 2143. 2144. 2145. 2146. 2147. 2148. 2149. 2150. 2151. 2152. 2153. 2154. 2155. 2156. 2157. 2158. 2159. 2160. 2161. 2162. 2163. 2164. 2165. 2166. 2167. 2168. 2169. 2170. 2171. 2172. 2173. 2174. 2175. 2176. 2177. 2178. 2179. 2180. 2181. 2182. 2183. 2184. 2185. 2186. 2187. 2188. 2189. 2190. 2191. 2192. 2193. 2194. 2195. 2196. 2197. 2198. 2199. 2200. 2201. 2202. 2203. 2204. 2205. 2206. 2207. 2208. 2209. 2210. 2211. 2212. 2213. 2214. 2215. 2216. 2217. 2218. 2219. 2220. 2221. 2222. 2223. 2224. 2225. 2226. 2227. 2228. 2229. 2230. 2231. 2232. 2233. 2234. 2235. 2236. 2237. 2238. 2239. 2240. 2241. 2242. 2243. 2244. 2245. 2246. 2247. 2248. 2249. 2250. 2251. 2252. 2253. 2254. 2255. 2256. 2257. 2258. 2259. 2260. 2261. 2262. 2263. 2264. 2265. 2266. 2267. 2268. 2269. 2270. 2271. 2272. 2273. 2274. 2275. 2276. 2277. 2278. 2279. 2280. 2281. 2282. 2283. 2284. 2285. 2286. 2287. 2288. 2289. 2290. 2291. 2292. 2293. 2294. 2295. 2296. 2297. 2298. 2299. 2300. 2301. 2302. 2303. 2304. 2305. 2306. 2307. 2308. 2309. 2310. 2311. 2312. 2313. 2314. 2315. 2316. 2317. 2318. 2319. 2320. 2321. 2322. 2323. 2324. 2325. 2326. 2327. 2328. 2329. 2330. 2331. 2332. 2333. 2334. 2335. 2336. 2337. 2338. 2339. 2340. 2341. 2342. 2343. 2344. 2345. 2346. 2347. 2348. 2349. 2350. 2351. 2352. 2353. 2354. 2355. 2356. 2357. 2358. 2359. 2360. 2361. 2362. 2363. 2364. 2365. 2366. 2367. 2368. 2369. 2370. 2371. 2372. 2373. 2374. 2375. 2376. 2377. 2378. 2379. 2380. 2381. 2382. 2383. 2384. 2385. 2386. 2387. 2388. 2389. 2390. 2391. 2392. 2393. 2394. 2395. 2396. 2397. 2398. 2399. 2400. 2401. 2402. 2403. 2404. 2405. 2406. 2407. 2408. 2409. 2410. 2411. 2412. 2413. 2414. 2415. 2416. 2417. 2418. 2419. 2420. 2421. 2422. 2423. 2424. 2425. 2426. 2427. 2428. 2429. 2430. 2431. 2432. 2433. 2434. 2435. 2436. 2437. 2438. 2439. 2440. 2441. 2442. 2443. 2444. 2445. 2446. 2447. 2448. 2449. 2450. 2451. 2452. 2453. 2454. 2455. 2456. 2457. 2458. 2459. 2460. 2461. 2462. 2463. 2464. 2465. 2466. 2467. 2468. 2469. 2470. 2471. 2472. 2473. 2474. 2475. 2476. 2477. 2478. 2479. 2480. 2481. 2482. 2483. 2484. 2485. 2486. 2487. 2488. 2489. 2490. 2491. 2492. 2493. 2494. 2495. 2496. 2497. 2498. 2499. 2500. 2501. 2502. 2503. 2504. 2505. 2506. 2507. 2508. 2509. 2510. 2511. 2512. 2513. 2514. 2515. 2516. 2517. 2518. 2519. 2520. 2521. 2522. 2523. 2524. 2525. 2526. 2527. 2528. 2529. 2530. 2531. 2532. 2533. 2534. 2535. 2536. 2537. 2538. 2539. 2540. 2541. 2542. 2543. 2544. 2545. 2546. 2547. 2548. 2549. 2550. 2551. 2552. 2553. 2554. 2555. 2556. 2557. 2558. 2559. 2560. 2561. 2562. 2563. 2564. 2565. 2566. 2567. 2568. 2569. 2570. 2571. 2572. 2573. 2574. 2575. 2576. 2577. 2578. 2579. 2580. 2581. 2582. 2583. 2584. 2585. 2586. 2587. 2588. 2589. 2590. 2591. 2592. 2593. 2594. 2595. 2596. 2597. 2598. 2599. 2600. 2601. 2602. 2603. 2604. 2605. 2606. 2607. 2608. 2609. 2610. 2611. 2612. 2613. 2614. 2615. 2616. 2617. 2618. 2619. 2620. 2621. 2622.

[illegible]

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-19-2001 BY 60322 UCBAW/BJS

SECRET

To be filled by the recipient of the information.

Date: _____

1. The first of these is the fact that the Commission has not yet received any information from the Government of the United Kingdom regarding the progress of its investigation into the alleged activities of the British intelligence services in the United States.

[illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-420
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Mary Margaret Yearian</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>October 30 1898</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>Idaho</u> | a. County
<u>Lemhi</u> | b. City or Town of Birth
<u>Salmon</u> | |
| FATHER | 6. Full Name of Father
<u>Thomas H. Yearian</u> | | | | 7. State or Country of Father's Birth
<u>DuQuoin, Illinois</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Emma Russell</u> | | | | 9. State or Country of Mother's Birth
<u>Leavenworth, Kansas</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Mary Margaret Yearian Wilson</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>March 5 1958</u> | | | | 11. Present Address of Registrant
<u>Lemhi, Idaho</u> | |
| | 12. Signature of Notary
<u>Frederick Angus Smith</u> | | | | 13. Notary Commission expires
<u>Sept. 21, 1959</u> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|---|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Affidavit by Father</u> | | By whom issued and signed
<u>Thomas H. Yearian</u> | | Date issued
<u>Aug. 27, 1954</u> | Date Orig. Entry |
| | Date of Birth
<u>Oct. 30, 1898</u> | Birth Place
<u>Lemhi Co. Salmon, Idaho</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>Thomas H. Yearian</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #100305</u> | | Date issued | Date Orig. Entry
<u>child born Feb. 16, 1922</u> |
| | Date of Birth
<u>age 23</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>photostatic copy Bible Record</u> | | By whom issued and signed
<u>original viewed by Notary Public Frederick H. Snook, Salmon, Ida.</u> | | Date issued
<u>4-25-58</u> | Date Orig. Entry
<u>obviously old</u> |
| | Date of Birth
<u>Oct. 30, 1898</u> | Birth Place
<u>Salmon, Idaho</u> | Full Name of Mother
<u>born in Kansas Emma A. Russell</u> | | Name of Father
<u>born in Illinois Thomas H. Yearian</u> | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|--|-----------------------------------|
| State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>nr Nancy Richards</u> | Date Filed
<u>May 16, 1958</u> |
|--|--|-----------------------------------|

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

MAY 16 1958

11-11-68

[illegible][illegible]

DATE: 11/10/70

1960-1961

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... ..

10-10-68

14-00000

545

395-210-006-653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-461

| | | | | | | |
|--|---|-------------------------|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Jennie Caroline Lindsay | | | 2. Date (month) (day) (year)
Of Birth January 10th 1898 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
Bingham County | b. City or Town of Birth
Moreland | | |
| FATHER | 6. Full Name of Father
Warren Parks Lindsay | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Susan Eveline Welker | | | 9. State or Country of Mother's Birth
Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Jennie Caroline Williams</i> | | 11. Present Address of Registrant
Blackfoot, Idaho, Route 2 |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 13th 1958 | | | 12. Signature of Notary
<i>Edith Perry</i> | | 13. Notary Commission expires
February 29 1960 |

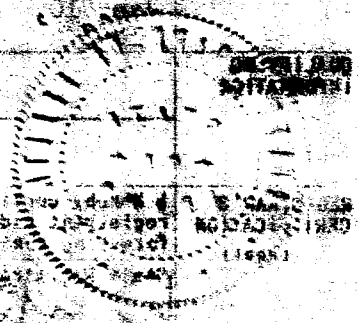
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|--|---|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
Church Record | | By whom issued and signed
Riverside Ward, So. Blackfoot
Stake, LDS Church, Idaho | | Date issued
5-2-58 | Date Orig. Entry
June 2, 1906 |
| | Date of Birth
Jan. 10,
1898 | Birth Place
Bingham Co.
Moreland, Idaho | Full Name of Mother
Susan Eveline Welker | | Name of Father
Warren Parks Lindsay | |
| SUPPORTING
RECORD 2. | Type of Document
Photostat of family record | | By whom issued and signed
original viewed by Bingham
Co. Clerk, Blackfoot, Idaho | | Date issued
5-13-58 | Date Orig. Entry
original |
| | Date of Birth
Jan. 10,
1898 | Birth Place
Bingham Co.
Moreland, Idaho | Full Name of Mother (V.F. Wootton)
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document (photostat)
Insurance Application | | By whom issued and signed
Beneficial Life Ins. Co. | | Date issued | Date Orig. Entry
May 29, 1933 |
| | Date of Birth
Jan. 10,
1898 | Birth Place
Moreland, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Nancy Richards | | Date Filed
May 28, 1958 | |

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

MAY 22 1938



| | | | | | |
|--|--|--|--|---|--|
| 1. Name of child
JAMES EARL RAY | | 2. Sex
Male | | 3. Date of birth
May 22, 1938 | |
| 4. Place of birth
Chicago, Illinois | | 5. Name of mother
Jane L. Ray | | 6. Name of father
James Earl Ray | |
| 7. State or territory of birth
Illinois | | 8. Name of mother
Jane L. Ray | | 9. Name of father
James Earl Ray | |
| 10. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 11. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 12. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 13. Name of mother
Jane L. Ray | | 14. Name of father
James Earl Ray | | 15. Name of child
JAMES EARL RAY | |
| 16. Date of birth
May 22, 1938 | | 17. Time of birth
10:30 AM | | 18. Place of birth
Chicago, Illinois | |
| 19. Name of mother
Jane L. Ray | | 20. Name of father
James Earl Ray | | 21. Name of child
JAMES EARL RAY | |
| 22. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 23. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 24. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 25. Name of mother
Jane L. Ray | | 26. Name of father
James Earl Ray | | 27. Name of child
JAMES EARL RAY | |
| 28. Date of birth
May 22, 1938 | | 29. Time of birth
10:30 AM | | 30. Place of birth
Chicago, Illinois | |
| 31. Name of mother
Jane L. Ray | | 32. Name of father
James Earl Ray | | 33. Name of child
JAMES EARL RAY | |
| 34. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 35. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 36. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 37. Name of mother
Jane L. Ray | | 38. Name of father
James Earl Ray | | 39. Name of child
JAMES EARL RAY | |
| 40. Date of birth
May 22, 1938 | | 41. Time of birth
10:30 AM | | 42. Place of birth
Chicago, Illinois | |
| 43. Name of mother
Jane L. Ray | | 44. Name of father
James Earl Ray | | 45. Name of child
JAMES EARL RAY | |
| 46. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 47. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 48. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 49. Name of mother
Jane L. Ray | | 50. Name of father
James Earl Ray | | 51. Name of child
JAMES EARL RAY | |
| 52. Date of birth
May 22, 1938 | | 53. Time of birth
10:30 AM | | 54. Place of birth
Chicago, Illinois | |
| 55. Name of mother
Jane L. Ray | | 56. Name of father
James Earl Ray | | 57. Name of child
JAMES EARL RAY | |
| 58. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 59. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 60. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 61. Name of mother
Jane L. Ray | | 62. Name of father
James Earl Ray | | 63. Name of child
JAMES EARL RAY | |
| 64. Date of birth
May 22, 1938 | | 65. Time of birth
10:30 AM | | 66. Place of birth
Chicago, Illinois | |
| 67. Name of mother
Jane L. Ray | | 68. Name of father
James Earl Ray | | 69. Name of child
JAMES EARL RAY | |
| 70. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 71. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 72. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 73. Name of mother
Jane L. Ray | | 74. Name of father
James Earl Ray | | 75. Name of child
JAMES EARL RAY | |
| 76. Date of birth
May 22, 1938 | | 77. Time of birth
10:30 AM | | 78. Place of birth
Chicago, Illinois | |
| 79. Name of mother
Jane L. Ray | | 80. Name of father
James Earl Ray | | 81. Name of child
JAMES EARL RAY | |
| 82. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 83. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 84. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 85. Name of mother
Jane L. Ray | | 86. Name of father
James Earl Ray | | 87. Name of child
JAMES EARL RAY | |
| 88. Date of birth
May 22, 1938 | | 89. Time of birth
10:30 AM | | 90. Place of birth
Chicago, Illinois | |
| 91. Name of mother
Jane L. Ray | | 92. Name of father
James Earl Ray | | 93. Name of child
JAMES EARL RAY | |
| 94. Address of mother
1234 North Dearborn Street, Chicago, Illinois | | 95. Address of father
1234 North Dearborn Street, Chicago, Illinois | | 96. Address of child
1234 North Dearborn Street, Chicago, Illinois | |
| 97. Name of mother
Jane L. Ray | | 98. Name of father
James Earl Ray | | 99. Name of child
JAMES EARL RAY | |
| 100. Date of birth
May 22, 1938 | | 101. Time of birth
10:30 AM | | 102. Place of birth
Chicago, Illinois | |



249/20-006-623

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-475

| | | | | | |
|---|--|------------------------------------|---|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Walter N. Burkman | | | 2. Date (month) (day) (year)
October 20 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Firth, Idaho | 6. County
Bingham Co. | |
| FATHER | 7. Full Name of Father
Ernest Amandus Burkman (Bjorkman) | | | 8. State or Country of Father's Birth
Sala, Sweden | |
| MOTHER | 9. Full Maiden Name of Mother
Anna Lovisa Ostling | | | 10. State or Country of Mother's Birth
Sala, Sweden | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 11. Signature of Registrant
<i>Walter N. Burkman</i> | |
| NOTARY (Seal) | 12. Subscribed and sworn to before me on
<i>March 28 1958</i> | | | 13. Signature of Notary
<i>Sylvia B. Rowan</i> | |
| 14. Present Address of Registrant
<i>Star Route B, Box 2195, Seward Alaska</i> | | | | | |
| 15. Notary Commission expires
<i>7-1 1961</i> | | | | | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Bible Record | | | By whom issued and signed
original viewed by H. Wm. Furchner, Notary Public, Blackfoot, Idaho | |
| | Date of Birth
Oct. 20, 1898 | Birth Place
Firth, Idaho | Full Name of Mother
Anna Lovisa Ostling | | Date issued
4-10-57 |
| | Name of Father
Ernest Amandus Bjorkman | | | Date Orig. Entry
old record | |
| SUPPORTING RECORD 2- | Type of Document
Federal Census Record | | | By whom issued and signed
U. S. Bureau of the Census | |
| | Date of Birth
Oct. 1898 (age 1) | Birth Place
Idaho | Full Name of Mother
Anna L. Bjorkman | | Date issued
4-24-57 |
| | Name of Father
Ernest Bjorkman | | | Date Orig. Entry
June 1, 1900 | |
| SUPPORTING RECORD 3- | Type of Document
Honorable Discharge | | | By whom issued and signed
U. S. Army | |
| | Date of Birth
age 19-7/12 | Birth Place
Firth, Idaho | Full Name of Mother
--- | | Date issued
discharged 1-24-19 |
| | Name of Father
--- | | | Date Orig. Entry
enlisted May 29, 1918 | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. L. Benson</i> | | | Evidence reviewed by
Nancy Richards | |
| | | | | Date Filed
June 4, 1958 | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-486
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-------------------------|---|--|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Martha Lenna Day</u> | | | | 2. Date of Birth
(month) (day) (year)
<u>Sept.</u> <u>30</u> <u>1898</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>(St. Joseph) Mapleton--Oneida</u> | | b. City or Town of Birth
<u>(St. Joseph) Mapleton, Oneida, Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>Henry Hoyt Day</u> | | | | 7. State or Country of Father's Birth
<u>Richmond, Cache, Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Emma Miralda Comish</u> | | | | 9. State or Country of Mother's Birth
<u>Cove, Cache, Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Martha Lenna Day</u> | | 11. Present Address of Registrant
<u>640 No. 10th-Pocatello, Ida</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 2nd, 1956</u> 19____ | | | | 12. Signature of Notary
<u>Alfred S. Brooks</u> | | 13. Notary Commission expires
<u>Dec. 28, 1957</u> 19____ |

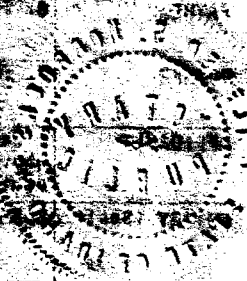
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|--|---|--|---|---|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Affidavit by aunt, present at birth</u> | | By whom issued and signed
<u>Jane Helen Robinson</u> | | Date issued
<u>6-1-57</u> | Date Orig. Entry | |
| | Date of Birth
<u>Sept. 30, 1898</u> | Birth Place
<u>(St. Joseph) Mapleton, Oneida Co., Idaho</u> | Full Name of Mother
<u>Emma Miralda Comish Day</u> | | Name of Father
<u>Henry Hoyt Day</u> | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Social Security Record</u> | | By whom issued and signed
<u>Treasury Dept.</u> | | Date issued | Date Orig. Entry
<u>March 27, 1937</u> | |
| | Date of Birth
<u>Sept. 30, 1898</u> | Birth Place
<u>Mapleton, Idaho</u> | Full Name of Mother
<u>Miralda Comish</u> | | Name of Father
<u>Henry Day</u> | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Church Record--Blessing</u> | | By whom issued and signed
<u>IDS Church, Pocatello 4th Ward Pocatello Stake, Idaho</u> | | Date issued
<u>5-19-58</u> | Date Orig. Entry
<u>Jan. 1, 1899</u> | |
| | Date of Birth
<u>Sept. 30, 1898</u> | Birth Place
<u>St. Joseph, Idaho</u> | Full Name of Mother
<u>Ena Miralda Comish</u> | | Name of Father
<u>Henry Day</u> | | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<u>W. Benson</u> | | Evidence reviewed by
<u>nr Nancy Richards</u> | | | Date Filed
<u>June 10, 1958</u> | |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF BIRTH

STATE OF TEXAS

JUN 11 1900



1. Name of child
2. Sex of child
3. Date of birth
4. Place of birth
5. Name of father
6. Name of mother
7. Name of physician
8. Name of attending nurse
9. Name of midwife
10. Name of attendant
11. Name of witness
12. Name of declarant
13. Signature of declarant
14. Signature of witness
15. Signature of midwife
16. Signature of attendant
17. Signature of physician
18. Signature of nurse
19. Signature of witness
20. Signature of declarant

1. Name of child
2. Sex of child
3. Date of birth
4. Place of birth
5. Name of father
6. Name of mother
7. Name of physician
8. Name of attending nurse
9. Name of midwife
10. Name of attendant
11. Name of witness
12. Name of declarant
13. Signature of declarant
14. Signature of witness
15. Signature of midwife
16. Signature of attendant
17. Signature of physician
18. Signature of nurse
19. Signature of witness
20. Signature of declarant

1. Name of child
2. Sex of child
3. Date of birth
4. Place of birth
5. Name of father
6. Name of mother
7. Name of physician
8. Name of attending nurse
9. Name of midwife
10. Name of attendant
11. Name of witness
12. Name of declarant
13. Signature of declarant
14. Signature of witness
15. Signature of midwife
16. Signature of attendant
17. Signature of physician
18. Signature of nurse
19. Signature of witness
20. Signature of declarant

1. Name of child
2. Sex of child
3. Date of birth
4. Place of birth
5. Name of father
6. Name of mother
7. Name of physician
8. Name of attending nurse
9. Name of midwife
10. Name of attendant
11. Name of witness
12. Name of declarant
13. Signature of declarant
14. Signature of witness
15. Signature of midwife
16. Signature of attendant
17. Signature of physician
18. Signature of nurse
19. Signature of witness
20. Signature of declarant

RECEIVED

1. Name of child
2. Sex of child
3. Date of birth
4. Place of birth
5. Name of father
6. Name of mother
7. Name of physician
8. Name of attending nurse
9. Name of midwife
10. Name of attendant
11. Name of witness
12. Name of declarant
13. Signature of declarant
14. Signature of witness
15. Signature of midwife
16. Signature of attendant
17. Signature of physician
18. Signature of nurse
19. Signature of witness
20. Signature of declarant

1. Name of child
2. Sex of child
3. Date of birth
4. Place of birth
5. Name of father
6. Name of mother
7. Name of physician
8. Name of attending nurse
9. Name of midwife
10. Name of attendant
11. Name of witness
12. Name of declarant
13. Signature of declarant
14. Signature of witness
15. Signature of midwife
16. Signature of attendant
17. Signature of physician
18. Signature of nurse
19. Signature of witness
20. Signature of declarant

389-105-004-119

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De58-488**

| | | | | | |
|---|---|---------------------|---------------------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Leslie Jacob Christensen | | | 2. Date (month) (day) (year)
Of Birth November 5, 1898 | |
| | 3. Color or Race
W. | 4. Sex
M. | 5. Place of Birth
Bear Lake | a. County
Bloomington, Idaho | |
| FATHER | 6. Full Name of Father
Charles Otto Christensen | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ann Jarvis | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Leslie Jacob Christensen</i> | 11. Present Address of Registrant
340 West Conner, Pocatello, Ida. |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 5, 1958 | | | 12. Signature of Notary
<i>D. H. Carlson</i> | 13. Notary Commission expires
June 1, 1960 |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
Church Record--Baptism | | By whom issued and signed
LDS Church, Salt Lake City, U. | Date issued
4-15-58 | Date Orig. Entry
Nov. 5, 1906 |
| | Date of Birth
Nov. 5, 1898 | Birth Place
Bloomington, Idaho | Full Name of Mother
Mary Ann Jarvis | Name of Father
Charles Otto Christensen | |
| SUPPORTING RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #82309 | Date issued | Date Orig. Entry
child born Aug. 23, 1920 |
| | Date of Birth
age 21 | Birth Place
Bloomington, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by relative & neighbor at time of birth (born 10-19-1888) | | By whom issued and signed
Ella Jarvis Hill | Date issued
5-19-58 | Date Orig. Entry |
| | Date of Birth
Nov. 5, 1898 | Birth Place
Bloomington, Idaho | Full Name of Mother
Mary Ann Jarvis | Name of Father
Charles Otto Christensen | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>D. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
June 10, 1958 |

DELETED CERTIFICATE OF BIRTH STATE OF IOWA

1958 JUN 10

| | | | | |
|--|--|---|---|---|
| <p>NAME OF CHILD
HARRISON, J. J.</p> | <p>DATE OF BIRTH
JAN 25 1958</p> | <p>PLACE OF BIRTH
HARRISON, IOWA</p> | <p>NAME OF FATHER
HARRISON, J. J.</p> | <p>NAME OF MOTHER
HARRISON, J. J.</p> |
| <p>DATE OF DEATH
JUN 10 1958</p> | <p>PLACE OF DEATH
HARRISON, IOWA</p> | <p>NAME OF FATHER
HARRISON, J. J.</p> | <p>NAME OF MOTHER
HARRISON, J. J.</p> | <p>DATE OF BIRTH
JAN 25 1958</p> |



| | | | | |
|--|--|---|---|---|
| <p>NAME OF CHILD
HARRISON, J. J.</p> | <p>DATE OF BIRTH
JAN 25 1958</p> | <p>PLACE OF BIRTH
HARRISON, IOWA</p> | <p>NAME OF FATHER
HARRISON, J. J.</p> | <p>NAME OF MOTHER
HARRISON, J. J.</p> |
| <p>DATE OF DEATH
JUN 10 1958</p> | <p>PLACE OF DEATH
HARRISON, IOWA</p> | <p>NAME OF FATHER
HARRISON, J. J.</p> | <p>NAME OF MOTHER
HARRISON, J. J.</p> | <p>DATE OF BIRTH
JAN 25 1958</p> |



| | | | | |
|--|--|---|---|---|
| <p>NAME OF CHILD
HARRISON, J. J.</p> | <p>DATE OF BIRTH
JAN 25 1958</p> | <p>PLACE OF BIRTH
HARRISON, IOWA</p> | <p>NAME OF FATHER
HARRISON, J. J.</p> | <p>NAME OF MOTHER
HARRISON, J. J.</p> |
| <p>DATE OF DEATH
JUN 10 1958</p> | <p>PLACE OF DEATH
HARRISON, IOWA</p> | <p>NAME OF FATHER
HARRISON, J. J.</p> | <p>NAME OF MOTHER
HARRISON, J. J.</p> | <p>DATE OF BIRTH
JAN 25 1958</p> |

747-227-004-523

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-489

| | | | | | | |
|---|---|--------------------|--|-----------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Marguerite Caroline Pugmire | | | | 2. Date of Birth
March 27, 1898 | |
| | 3. Color or Race
W | 4. Sex
F | 5. Place of Birth
Beaer Lake | a. County | b. City or Town of Birth
St. Charles, Idaho | |
| FATHER | 6. Full Name of Father
David Nelsen Pugmire | | | | 7. State or Country of Father's Birth
Idaho | |
| MOTHER | 8. Full Maiden Name of Mother
Jacobina Brighamina Esterholt | | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Marguerite Caroline Pugmire</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 5, 1958 | | | | 11. Present Address of Registrant
340 West Conner, Pocatello, Ida | |
| | 12. Signature of Notary
<i>D. H. Carlson</i> | | | | 13. Notary Commission expires
June 1, 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--|--|---|---|
| SUPPORTING RECORD 1. | Type of Document
Church Record--Baptism | | By whom issued and signed
LDS Church, Salt Lake City, U. | Date issued
4-15-58 | Date Orig. Entry
Aug. 26, 1906 |
| | Date of Birth
March 27, 1898 | Birth Place
St. Charles, Idaho | Full Name of Mother
Jacobina B. Esterholdt | Name of Father
David Pugmire | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by relative & neighbor at time of birth (born 3-8-1888) | | By whom issued and signed
Matthew Pugmire | Date issued
5-19-58 | Date Orig. Entry |
| | Date of Birth
March 27, 1898 | Birth Place
St. Charles, Idaho | Full Name of Mother
Jacobina B. Esterholdt | Name of Father
David N. Pugmire | |
| SUPPORTING RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #82309 | Date issued | Date Orig. Entry
child born Aug. 23, 1920 |
| | Date of Birth
age 22 | Birth Place
St. Charles, Idaho | Full Name of Mother
--- | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. H. Jensen

Evidence reviewed by
Nancy Richards

Date Filed
June 10, 1958

JUN 10 1958

[illegible][illegible]

1. The following information was obtained from the Division of Social Security for the year 1954:

| Category | Number of Cases |
|--|-----------------|
| 1. Cases of mental illness | 1,234 |
| 2. Cases of physical illness | 5,678 |
| 3. Cases of combined mental and physical illness | 3,456 |

2. The following information was obtained from the Division of Social Security for the year 1955:

| Category | Number of Cases |
|--|-----------------|
| 1. Cases of mental illness | 1,345 |
| 2. Cases of physical illness | 5,789 |
| 3. Cases of combined mental and physical illness | 3,567 |

869-18-025-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-495

| | | | | | | |
|--|---|-----------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered)
(TWIN) | 1. Registrant's Full Name at Birth
Orvel John York | | | 2. Date (month) (day) (year)
Of Birth October 18 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Idaho Co. | b. City or Town of Birth
Cottonwood, Idaho | | |
| FATHER | 6. Full Name of Father
Jacob Burrough York | | | 7. State or Country of Father's Birth
Hillsborough, Georgia | | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Deborah Allen | | | 9. State or Country of Mother's Birth
Tennessee | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Orvel John York</i> | | 11. Present Address of Registrant
<i>Korukui, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 16 1958</i> | | | 12. Signature of Notary
<i>H. C. MacBry</i> | | 13. Notary Commission expires
<i>October 1, 1958</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|---|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document (born 7-30-1887)
Affidavit by sister | | By whom issued and signed
Eva York Abell | | Date issued
4-5-58 | Date Orig. Entry |
| | Date of Birth
Oct. 18, 1898 | Birth Place
Cottonwood, Idaho | Full Name of Mother
Martha Deborah Allen | | Name of Father
Jacob Burrough York | |
| SUPPORTING
RECORD 2. | Type of Document
Honorable Discharge | | By whom issued and signed
U. S. Marine Corps. | | Date issued
3-20-20 | Date Orig. Entry
enlisted March 14, 1917 |
| | Date of Birth
Oct. 18, 1898 | Birth Place
Cottonwood, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Continental Life Ins. Co. | | Date issued
11-7-25 | Date Orig. Entry
Oct. 21, 1925 |
| | Date of Birth
Oct. 18, 1898 | Birth Place
Cottonwood, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Mr Nancy Richards

Date Filed
June 11, 1958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

JUN 12 1958

RECEIVED DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-538

| | | | | | | | |
|--|---|--------------------|--------------------------------------|-----------------------------|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Annie Lauretta Panter Fremont</i> | | | | 2. Date of Birth (month) (day) (year)
<i>Feb 18 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Waldward</i> | 6. County
<i>Fremont</i> | 7. City or Town of Birth
<i>St. Anthony - Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>William Henry Panter</i> | | | | 7. State or Country of Father's Birth
<i>South Cottonwood - Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Esther Melissa Cahoon</i> | | | | 9. State or Country of Mother's Birth
<i>Brigham City - Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Annie Lauretta Hymas</i> | | 11. Present Address of Registrant
<i>Idaho Falls Rte 2 Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 8th 1958</i> | | | | 12. Signature of Notary
<i>George M. Benson</i> | | 13. Notary Commission expires
<i>Dec. 12 1959</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|--|---|---|---|
| SUPPORTING RECORD 1. | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | Date issued | Date Orig. Entry
<i>March 10, 1953</i> |
| | Date of Birth
<i>Feb. 18, 1898</i> | Birth Place
<i>Fremont Co. St. Anthony, Idaho</i> | Full Name of Mother
<i>Esther Melissa Cahoon</i> | Name of Father
<i>William Henry Panter</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>Insurance Policy Application</i> | | By whom issued and signed
<i>Pacific National Life Assurance Co.</i> | Date issued | Date Orig. Entry
<i>Sept. 3, 1952</i> |
| | Date of Birth
<i>Feb. 18, 1898</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>Church Record--Baptism</i> | | By whom issued and signed
<i>Grant Ward, Rigby Stake LDS Church</i> | Date issued
<i>6-10-58</i> | Date Orig. Entry
<i>June 30, 1908</i> |
| | Date of Birth
<i>Feb. 18, 1898</i> | Birth Place
<i>Fremont Co. St. Anthony, Idaho</i> | Full Name of Mother
<i>Esther M. Cahoon</i> | Name of Father
<i>William H. Panter</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. M. Benson</i> | Evidence reviewed by
<i>nr Nancy Richards</i> | Date Filed
<i>June 20, 1958</i> |

RECEIVED

1934-1935

STATE OF NEW YORK

1934-1935

1934-1935

| | | | | | | | | | | | | | | | | | | | |
|-------------------|------------------|--------|---------|----------|-----------|-----------|---------|---------|----------------|----------------|---------------|--------------------|--------------------|------------------------------|----------------------------------|-----------------------------|-------------------|--------------------|------------------|
| 1. Name of Person | 2. Date of Birth | 3. Sex | 4. Race | 5. Color | 6. Height | 7. Weight | 8. Eyes | 9. Hair | 10. Complexion | 11. Occupation | 12. Education | 13. Marital Status | 14. Place of Birth | 15. Date of Arrival in State | 16. Date of Departure from State | 17. Date of Return to State | 18. Date of Death | 19. Cause of Death | 20. Burial Place |
| | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--------------------|-------------------|---------|----------|-----------|------------|------------|----------|----------|----------------|----------------|---------------|--------------------|--------------------|------------------------------|----------------------------------|-----------------------------|-------------------|--------------------|------------------|
| 21. Name of Person | 22. Date of Birth | 23. Sex | 24. Race | 25. Color | 26. Height | 27. Weight | 28. Eyes | 29. Hair | 30. Complexion | 31. Occupation | 32. Education | 33. Marital Status | 34. Place of Birth | 35. Date of Arrival in State | 36. Date of Departure from State | 37. Date of Return to State | 38. Date of Death | 39. Cause of Death | 40. Burial Place |
| | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--------------------|-------------------|---------|----------|-----------|------------|------------|----------|----------|----------------|----------------|---------------|--------------------|--------------------|------------------------------|----------------------------------|-----------------------------|-------------------|--------------------|------------------|
| 41. Name of Person | 42. Date of Birth | 43. Sex | 44. Race | 45. Color | 46. Height | 47. Weight | 48. Eyes | 49. Hair | 50. Complexion | 51. Occupation | 52. Education | 53. Marital Status | 54. Place of Birth | 55. Date of Arrival in State | 56. Date of Departure from State | 57. Date of Return to State | 58. Date of Death | 59. Cause of Death | 60. Burial Place |
| | | | | | | | | | | | | | | | | | | | |



219-205-006-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-546

| | | | | | | | |
|--|---|-------------------------|-------------------------------------|-----------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Mary Alice Barnes</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Feb.</i> <i>5</i> <i>1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Bingham</i> | a. County
<i>Shelton</i> | b. City or Town of Birth
<i>Bingham</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas Hillman Barnes</i> | | | | 7. State or Country of Father's Birth
<i>England</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Ellen Cleverley</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mary Alice Mann</i> | | 11. Present Address of Registrant
<i>Star Route Idaho Falls Id.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 14</i> <i>1958</i> | | | | 12. Signature of Notary
<i>Elyse Hawk</i> | | 13. Notary Commission expires
<i>Nov. 14</i> <i>1961</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|--|---|
| SUPPORTING
RECORD 1: | Type of Document
<i>Affidavit by mother</i> | | By whom issued and signed
<i>Mary E. Barnes</i> | | Date issued
<i>5-16-58</i> | Date Orig. Entry |
| | Date of Birth
<i>Feb. 5, 1898</i> | Birth Place
<i>Bingham Co., Idaho</i> | Full Name of Mother
<i>Mary E. Barnes</i> | | Name of Father
<i>Thomas Hillman Barnes</i> | |
| SUPPORTING
RECORD 2: | Type of Document
<i>Church Record--Baptism</i> | | By whom issued and signed
<i>Shelton Ward, LDS Church</i> | | Date issued
<i>9-2-06</i> | Date Orig. Entry
<i>Aug. 31, 1906</i> |
| | Date of Birth
<i>Feb. 5, 1898</i> | Birth Place
<i>Bingham Co., Shelton, Idaho</i> | Full Name of Mother
<i>Mary E. Cleverley</i> | | Name of Father
<i>Thomas H. Barnes</i> | |
| SUPPORTING
RECORD 3: | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #177004</i> | | Date issued | Date Orig. Entry
<i>child born March 1, 1929</i> |
| | Date of Birth
<i>age 31</i> | Birth Place
<i>Shelton Ward, Idaho</i> | Full Name of Mother
<i>---</i> | | Name of Father
<i>---</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>nr Nancy Richards</i> | Date Filed
<i>June 24, 1958</i> |

DELETED CERTIFICATE OF BIRTH STATE OF TEXAS

JUN 24 1960

| | | | | | | | | | |
|------------------------------------|--|-----------------------------|--|------------------------------|--|------------------------------|--|-------------------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | | 4. Name of father | | 5. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 6. Name of father at birth | | 7. Name of mother at birth | | 8. Name of father at present | | 9. Name of mother at present | | 10. Name of father at present | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 11. Previous address of registrant | | 12. Signature of registrant | | 13. Signature of father | | 14. Signature of mother | | 15. Signature of father | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |



| | | | | | | | | | |
|-------------------------------|--|-------------------------------|--|-------------------------------|--|-------------------------------|--|-------------------------------|--|
| 16. Name of father at birth | | 17. Name of mother at birth | | 18. Name of father at present | | 19. Name of mother at present | | 20. Name of father at present | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 21. Name of father at present | | 22. Name of mother at present | | 23. Name of father at present | | 24. Name of mother at present | | 25. Name of father at present | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 26. Name of father at present | | 27. Name of mother at present | | 28. Name of father at present | | 29. Name of mother at present | | 30. Name of father at present | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |



NOTICE: This certificate is not valid unless it is accompanied by the original of the document on which it is based. This document is the record on which the birth of the child was registered.

State of Texas, Department of Health, Birth Records Section

June 24, 1960

318-106-035-994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-554

| | | | | | | | |
|--|---|----------------|------------------------------------|--|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
CLARENCE ROBERT TAYLOR | | | | 2. Date (month) (day) (year)
Of Birth April 6 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Near Lewiston | | a. County
Nez Perce | | |
| FATHER | 6. Full Name of Father
FRANK TAYLOR | | | | 7. State or Country of Father's Birth
Oregon | | |
| MOTHER | 8. Full Maiden Name of Mother
Jennie Rider | | | | 9. State or Country of Mother's Birth
Wisconsin | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clarence Robert Taylor</i> | | 11. Present Address of Registrant
823 Burrell Ave.
Lewiston, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 14, 19 58 | | | | 12. Signature of Notary
<i>Nancy Richards</i> | | 13. Notary Commission expires
April 8, 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|-------------------------------------|---|--------------------------------|-----------------------------------|
| SUPPORTING RECORD 1. | Type of Document Statement re:
Insurance application | | By whom issued and signed
Great Western Mutual Assoc.
Lewiston, Idaho | Date issued
5-23-58 | Date Orig. Entry
Aug. 9, 1937 |
| | Date of Birth
April 6, 1898 | Birth Place
near Lewiston, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
St. Stanislaus R. C. Church
Lewiston, Idaho | Date issued
6-10-58 | Date Orig. Entry
Oct. 7, 1925 |
| | Date of Birth
April 6, 1898 | Birth Place
----- | Full Name of Mother
Jennie Rider | Name of Father
Frank Taylor | |
| SUPPORTING RECORD 3. | Type of Document
Resident Fish License | | By whom issued and signed
State of Idaho #10211 | Date issued
4-22-50 | Date Orig. Entry
Apr. 22, 1950 |
| | Date of Birth
age 52 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
June 24, 1958 |

STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

JUN 25 1938



Name of Child: _____
 Date of Birth: _____
 Place of Birth: _____
 Name of Mother: _____
 Name of Father: _____
 Name of County of Birth: _____
 Name of County of Residence: _____
 Name of City or Town of Birth: _____
 Name of City or Town of Residence: _____
 Name of Hospital or Place of Birth: _____
 Name of Physician or Midwife: _____
 Name of Registrar: _____
 Date of Registration: _____
 Signature of Registrar: _____
 Date of Filing: _____
 Name of Filing Office: _____

Name of Child: _____
 Date of Birth: _____
 Place of Birth: _____
 Name of Mother: _____
 Name of Father: _____
 Name of County of Birth: _____
 Name of County of Residence: _____
 Name of City or Town of Birth: _____
 Name of City or Town of Residence: _____
 Name of Hospital or Place of Birth: _____
 Name of Physician or Midwife: _____
 Name of Registrar: _____
 Date of Registration: _____
 Signature of Registrar: _____
 Date of Filing: _____
 Name of Filing Office: _____

Name of Child: _____
 Date of Birth: _____
 Place of Birth: _____
 Name of Mother: _____
 Name of Father: _____
 Name of County of Birth: _____
 Name of County of Residence: _____
 Name of City or Town of Birth: _____
 Name of City or Town of Residence: _____
 Name of Hospital or Place of Birth: _____
 Name of Physician or Midwife: _____
 Name of Registrar: _____
 Date of Registration: _____
 Signature of Registrar: _____
 Date of Filing: _____
 Name of Filing Office: _____



Name of Child: _____
 Date of Birth: _____
 Place of Birth: _____
 Name of Mother: _____
 Name of Father: _____
 Name of County of Birth: _____
 Name of County of Residence: _____
 Name of City or Town of Birth: _____
 Name of City or Town of Residence: _____
 Name of Hospital or Place of Birth: _____
 Name of Physician or Midwife: _____
 Name of Registrar: _____
 Date of Registration: _____
 Signature of Registrar: _____
 Date of Filing: _____
 Name of Filing Office: _____

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

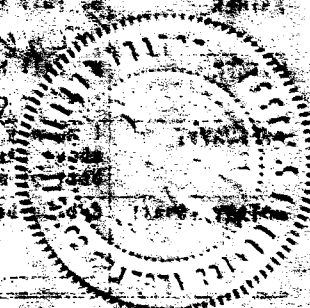
State File No. De58-611
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | | |
|--|---|-------------------------|---|---------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>EDNA MARY PERKINS</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>MARCH 25 1898</u> | | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>FEMALE</u> | 5. Place of Birth
<u>BOISE IDAHO</u> | a. County
<u>IDAHO</u> | b. City or Town of Birth
<u>BOISE</u> | | | |
| FATHER | 6. Full Name of Father
<u>(SCHUYLER) DEAN PERKINS</u> | | | | | 7. State or Country of Father's Birth
<u>MISSOURI</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>MARY POWELL</u> | | | | | 9. State or Country of Mother's Birth
<u>WISCONSIN</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Edna M. Adams</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>JUL -2 '58</u> 19__ | | | | | 11. Present Address of Registrant
<u>1957 W. 80th St. Los Angeles, Calif.</u> | | |
| | | | | | | 12. Signature of Notary
<u>Robert G. Standenmeir</u> | | |
| | | | | | | 13. Notary Commission expires
<u>My Commission Expires Oct. 28, 1960</u> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|--|--|---|-------------------------------|---|--|
| SUPPORTING
RECORD 1- | Type of Document
<u>Bible Record (Photostat)</u> | | By whom issued and signed
<u>original viewed by Notary Public Robert G. Standenmeir; Los Angeles, Co.</u> | | Date issued
<u>7-1-58</u> | Date Orig. Entry
<u>Very old record</u> | |
| | Class* <u>B</u> | Date of Birth
<u>March 25, 1898</u> | Birth Place
<u>Boise City, Idaho</u> | Full Name of Mother
<u>Mary Powell (born in Wisc.)</u> | | Name of Father
<u>Dean Perkins (born in Mo.)</u> | |
| SUPPORTING
RECORD 2- | Type of Document
<u>Affidavit by mother</u> | | By whom issued and signed
<u>Mary Perkins</u> | | Date issued
<u>4-18-58</u> | Date Orig. Entry | |
| | Class <u>B</u> | Date of Birth
<u>March 25, 1898</u> | Birth Place
<u>Boise, Idaho</u> | Full Name of Mother
<u>Mary Perkins</u> | | Name of Father
<u>----</u> | |
| SUPPORTING
RECORD 3- | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #92911</u> | | Date issued | Date Orig. Entry
<u>child born Aug. 9, 1921</u> | |
| | Class <u>B</u> | Date of Birth
<u>age 23</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | | | |
| State Registrar
<u>W. W. Benson</u> | | | Evidence reviewed by
<u>Nancy Richards</u> | | | Date Filed
<u>July 11, 1958</u> | |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

OCT 29 1971



1. Name of Applicant: [illegible]
2. Date of Birth: [illegible]
3. Place of Birth: [illegible]
4. Date of Issuance: [illegible]
5. Validity: [illegible]
6. Remarks: [illegible]

7. Name of Applicant: [illegible]
8. Date of Birth: [illegible]
9. Place of Birth: [illegible]
10. Date of Issuance: [illegible]
11. Validity: [illegible]
12. Remarks: [illegible]



13. Name of Applicant: [illegible]
14. Date of Birth: [illegible]
15. Place of Birth: [illegible]
16. Date of Issuance: [illegible]
17. Validity: [illegible]
18. Remarks: [illegible]

962-227-022-546
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 58-663

| | | | | | |
|---|---|-------------------------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Gwendolyn Robb | | | 2. Date (month) (day) (year)
Of Birth December 27, 1898 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
a. County
Freemont | b. City or Town of Birth
St. Anthony | |
| FATHER | 6. Full Name of Father
John Robb | | | 7. State or Country of Father's Birth
Sydney, Australia | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Ann Edwards | | | 9. State or Country of Mother's Birth
Myrthertidville, Wales | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Gwen R. Specht</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 10 1958</i> | | | 11. Present Address of Registrant
<i>Route 3, Caldwell, Idaho</i> | |
| | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | | 13. Notary Commission expires
<i>Sept. 28 1960</i> | |

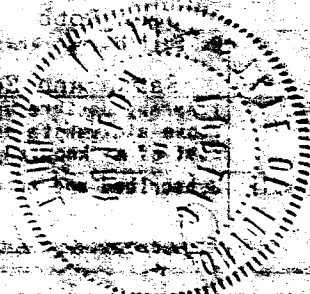
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|--|--|---|
| SUPPORTING RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho file #116109 on file in vital statistics | | Date issued
Oct. 20, 1923 |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- |
| SUPPORTING RECORD 2- | Type of Document
U. S. Census Report | | By whom issued and signed
U. S. Dept. of Commerce | | Date issued
May 7, 1958 |
| | Date of Birth
Dec. 1898 | Birth Place
Idaho | Full Name of Mother
A. Sarah Robb | | Date Orig. Entry
June 1, 1900 |
| SUPPORTING RECORD 3- | Type of Document
Age 78 affidavit by older sister | | By whom issued and signed
Sarah Worlton, older sister | | Date issued
July 25 1958 |
| | Date of Birth
December 27, 1898 | Birth Place
St. Anthony, Idaho | Full Name of Mother
Sarah Ann Edwards | | Name of Father
John Robb |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Carolyn Johns | | Date Filed
August 5, 1958 |

FEB 23 1961

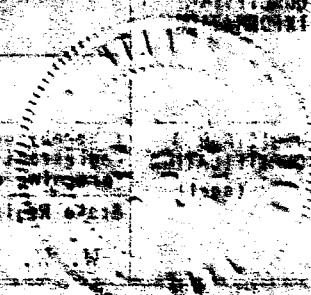
DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

DE 1-203

| | | | | | | | |
|--|-------------------|-------------------|--------|---------|----------|-------------------|-------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Sex | 5. Race | 6. Color | 7. Name of father | 8. Name of mother |
| John Robert | December 22, 1958 | Delaware | Male | White | | John Robert | John Robert |
| <p>9. Name of child at birth (if different from 1.)</p> <p>10. Name of child at birth (if different from 1.)</p> <p>11. Name of child at birth (if different from 1.)</p> <p>12. Name of child at birth (if different from 1.)</p> <p>13. Name of child at birth (if different from 1.)</p> <p>14. Name of child at birth (if different from 1.)</p> <p>15. Name of child at birth (if different from 1.)</p> <p>16. Name of child at birth (if different from 1.)</p> <p>17. Name of child at birth (if different from 1.)</p> <p>18. Name of child at birth (if different from 1.)</p> <p>19. Name of child at birth (if different from 1.)</p> <p>20. Name of child at birth (if different from 1.)</p> | | | | | | | |



| | | | | | | | |
|--|-------------------|-------------------|--------|---------|----------|-------------------|-------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Sex | 5. Race | 6. Color | 7. Name of father | 8. Name of mother |
| John Robert | December 22, 1958 | Delaware | Male | White | | John Robert | John Robert |
| <p>9. Name of child at birth (if different from 1.)</p> <p>10. Name of child at birth (if different from 1.)</p> <p>11. Name of child at birth (if different from 1.)</p> <p>12. Name of child at birth (if different from 1.)</p> <p>13. Name of child at birth (if different from 1.)</p> <p>14. Name of child at birth (if different from 1.)</p> <p>15. Name of child at birth (if different from 1.)</p> <p>16. Name of child at birth (if different from 1.)</p> <p>17. Name of child at birth (if different from 1.)</p> <p>18. Name of child at birth (if different from 1.)</p> <p>19. Name of child at birth (if different from 1.)</p> <p>20. Name of child at birth (if different from 1.)</p> | | | | | | | |



| | | | | | | | |
|---------------------------|-------------------|-------------------|--------|---------|----------|-------------------|-------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Sex | 5. Race | 6. Color | 7. Name of father | 8. Name of mother |
| John Robert | December 22, 1958 | Delaware | Male | White | | John Robert | John Robert |

315225-040-315 DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-666

| | | | | | | |
|--|---|-------------|-----------------------------|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Delia Marie Lavergne | | | | 2. Date (month) (day) (year)
Of Birth April 25 1898 | |
| | 3. Color or Race
W | 4. Sex
F | 5. Place of Birth
Murray | a. County
Shoshone | b. City or Town of Birth
Murray, Idaho | |
| FATHER | 6. Full Name of Father
Oscar Lavergne | | | | 7. State or Country of Father's Birth
Ste Anne De Prescott, Canada | |
| MOTHER | 8. Full Maiden Name of Mother
Hermaline Marie Lavigne | | | | 9. State or Country of Mother's Birth
Ste Anne De Prescott, Canada | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Delia M. Shaughnessy</i> | | 11. Present Address of Registrant
417 Bank,
Wallace, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 26th 19 58 | | | 12. Signature of Notary
<i>Elmer M. Ryan</i> | | 13. Notary Commission expires
2/4/61 19 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
|---|--|------------------------------|---|--|---|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by
neighbor at time of birth, age 71, | | By whom issued and signed
Elizabeth Stoner | | Date issued
5-26-58 | Date Orig. Entry |
| | Date of Birth
April 25,
1898 | Birth Place
Murray, Idaho | Full Name of Mother
Hermaline Marie Lavigne Lavergne | | Name of Father
Oscar Lavergne | |
| SUPPORTING
RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Shoshone County, Idaho | | Date issued
5-27-58 | Date Orig. Entry
Nov. 29, 1922 |
| | Date of Birth
age 24 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Hospital Record | | By whom issued and signed
Providence Hospital
Wallace, Idaho | | Date issued
7-5-58 | Date Orig. Entry
April 24, 1951 |
| | Date of Birth
April 25,
1898 | Birth Place
Murray, Idaho | Full Name of Mother (born in Canada)
Marie <u>Armeline</u> Lavigne | | Name of Father (born in Canada)
Oscar Lavergne | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
Aug. 8, 1958 | |

STATE OF IDAHO DELETED CERTIFICATE OF BIRTH

Doc-266

| | | | | |
|---|-----------------------------------|--|--|--|
| 1. Name of Person
JAMES DE FREEMONT, JR. | 2. Date of Birth
Nov. 28, 1928 | 3. Place of Birth
Idaho | 4. Name of Father
JAMES DE FREEMONT, JR. | 5. Name of Mother
JAMES DE FREEMONT, JR. |
| 6. Date of Death
Nov. 28, 1928 | 7. Place of Death
Idaho | 8. Name of Father
JAMES DE FREEMONT, JR. | 9. Name of Mother
JAMES DE FREEMONT, JR. | 10. Name of Person
JAMES DE FREEMONT, JR. |
| 11. Date of Birth
Nov. 28, 1928 | 12. Place of Birth
Idaho | 13. Name of Father
JAMES DE FREEMONT, JR. | 14. Name of Mother
JAMES DE FREEMONT, JR. | 15. Name of Person
JAMES DE FREEMONT, JR. |



| | | | | |
|---|-----------------------------------|--|--|--|
| 1. Name of Person
JAMES DE FREEMONT, JR. | 2. Date of Birth
Nov. 28, 1928 | 3. Place of Birth
Idaho | 4. Name of Father
JAMES DE FREEMONT, JR. | 5. Name of Mother
JAMES DE FREEMONT, JR. |
| 6. Date of Death
Nov. 28, 1928 | 7. Place of Death
Idaho | 8. Name of Father
JAMES DE FREEMONT, JR. | 9. Name of Mother
JAMES DE FREEMONT, JR. | 10. Name of Person
JAMES DE FREEMONT, JR. |
| 11. Date of Birth
Nov. 28, 1928 | 12. Place of Birth
Idaho | 13. Name of Father
JAMES DE FREEMONT, JR. | 14. Name of Mother
JAMES DE FREEMONT, JR. | 15. Name of Person
JAMES DE FREEMONT, JR. |

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|---|-----------------------------------|--|--|--|
| 1. Name of Person
JAMES DE FREEMONT, JR. | 2. Date of Birth
Nov. 28, 1928 | 3. Place of Birth
Idaho | 4. Name of Father
JAMES DE FREEMONT, JR. | 5. Name of Mother
JAMES DE FREEMONT, JR. |
| 6. Date of Death
Nov. 28, 1928 | 7. Place of Death
Idaho | 8. Name of Father
JAMES DE FREEMONT, JR. | 9. Name of Mother
JAMES DE FREEMONT, JR. | 10. Name of Person
JAMES DE FREEMONT, JR. |
| 11. Date of Birth
Nov. 28, 1928 | 12. Place of Birth
Idaho | 13. Name of Father
JAMES DE FREEMONT, JR. | 14. Name of Mother
JAMES DE FREEMONT, JR. | 15. Name of Person
JAMES DE FREEMONT, JR. |

389-221-2039-313 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De58-670
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-------------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>ANNIE IZOLA CHRISTENSEN</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>July 21st 1898</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth a. County
<u>American falls, Power</u> | | b. City or Town of Birth
<u>Neeley, Idaho</u> | |
| FATHER | 6. Full Name of Father
<u>John Christensen</u> | | | | 7. State or Country of Father's Birth
<u>Denmark</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Annie Cassandra Calvert</u> | | | | 9. State or Country of Mother's Birth
<u>Ogden, Utah</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Annie Izola Christensen</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 21st 1958</u> | | | | 11. Present Address of Registrant
<u>Preston, Idaho</u> | |
| | 12. Signature of Notary
<u>Del W. Smith</u> | | | | 13. Notary Commission expires
<u>April 3, 1960</u> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|---|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Church Record-Baptism</u> | | By whom issued and signed
<u>West Hills Ward, Portland Stake, LDS Church</u> | | Date issued
<u>8-31-56</u> |
| | Date of Birth
<u>July 21, 1898</u> | Birth Place
<u>Power Co. Neeley, Idaho</u> | Full Name of Mother
<u>Annie Calvert</u> | | Date Orig. Entry
<u>Oct. 1, 1906</u> |
| Class* <u>B</u> | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Social Security Record</u> | | By whom issued and signed
<u>Treasury Dept.</u> | | Date issued
<u>Oct. 9, 1942</u> |
| | Date of Birth
<u>July 21, 1898</u> | Birth Place
<u>Power Co. Neeley, Idaho</u> | Full Name of Mother
<u>Annie Cassandra Calvert</u> | | Date Orig. Entry
<u>Oct. 9, 1942</u> |
| Class <u>B</u> | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Affidavit by attendant at birth, age 77</u> | | By whom issued and signed
<u>Clara C. Smith</u> | | Date issued
<u>7-21-58</u> |
| | Date of Birth
<u>July 21, 1898</u> | Birth Place
<u>Power Co. Neeley, Idaho</u> | Full Name of Mother
<u>Annie Cassandra Calvert</u> | | Date Orig. Entry
<u>John Christensen</u> |
| Class <u>B</u> | | | | | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Nancy Richards</u> | | Date Filed
<u>Aug. 12, 1958</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

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U.S. GOVERNMENT PRINTING OFFICE: 1967 O - 380-000

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10-10-68

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-698

| | | | | | | | | |
|--|---|-------------------------|---|--|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Anna Marie Gilbert</i> | | | | 2. Date of Birth (month) (day) (year)
<i>April 10 1898</i> | | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth a. County
<i>Lenore, Idaho</i> | | b. City or Town of Birth
<i>Lenore, Idaho</i> | | | |
| FATHER | 6. Full Name of Father
<i>Walter Wilson Gilbert</i> | | | | 7. State or Country of Father's Birth
<i>Idaho</i> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Effie Hamilton</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Anna Marie Pease</i> | | 11. Present Address of Registrant
<i>Orofino, Idaho.</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 4 1958</i> | | | | 12. Signature of Notary
<i>Warren F. Gardner</i> | | 13. Notary Commission expires
<i>Nov. 15 1960</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|---|---|--|
| SUPPORTING RECORD 1. | Type of Document
<i>Affidavit by mother</i> | | By whom issued and signed
<i>Effie Darland</i> | Date issued
<i>8-4-58</i> | Date Orig. Entry |
| | Date of Birth
<i>April 10, 1898</i> | Birth Place
<i>Lenore, Idaho</i> | Full Name of Mother
<i>Effie Hamilton</i> | Name of Father
<i>Walter Gilbert</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>Bible Record (photostat)</i> | | By whom issued and signed
<i>original viewed by Notary Public Warren F. Gardner, Orofino, Ida.</i> | Date issued
<i>8-8-58</i> | Date Orig. Entry
<i>obviously old</i> |
| | Date of Birth
<i>April 10, 1898</i> | Birth Place
<i>Nez Perce Co., Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #79172</i> | Date issued | Date Orig. Entry
<i>child born April 19, 1920</i> |
| | Date of Birth
<i>age 22</i> | Birth Place
<i>Lenore, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Aug. 21, 1958</i> | |

256-203-025-269
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-783

| | | | | | | |
|---|---|-------------------------|-----------------------------------|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Christine Emily Knorr | | | 2. Date (month) (day) (year)
Of Birth Dec. 3 1898 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Idaho | a. County
Idaho | | |
| FATHER | 6. Full Name of Father
Christopher Benjamin Knorr | | | 7. State or Country of Father's Birth
Germany | | |
| MOTHER | 8. Full Maiden Name of Mother
Wilhelmina C. Borcharding | | | 9. State or Country of Mother's Birth
Germany | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Christine Emily Knorr</i> | | 11. Present Address of Registrant
510 So. Hall St.
Grangeville, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
Aug. 6 19 58 | | | 12. Signature of Notary
<i>S. W. Edwards</i> | | 13. Notary Commission expires
Nov. 18 19 58 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|--|--|---|
| SUPPORTING RECORD 1- | Type of Document
Church Record--Confirmation | | By whom issued and signed
E. J. A. Probst, Pastor, Ev. Luth. Trinity Congregation, | | Date issued
Sept. 21, 1913 |
| | Date of Birth
Dec. 3, 1898 | Birth Place
Idaho | Full Name of Mother
Denver, Idaho | | Name of Father
Idaho |
| SUPPORTING RECORD 2- | Type of Document (born 6-14-1880)
Affidavit by brother | | By whom issued and signed
Edward A. Knorr | | Date issued
7-31-58 |
| | Date of Birth
Dec. 3, 1898 | Birth Place
Grangeville, Idaho | Full Name of Mother
Wilhelmina C. Borcharding | | Name of Father
Christopher Benjamin Knorr |
| SUPPORTING RECORD 3- | Type of Document
Marriage Record | | By whom issued and signed
Spokane County, Spokane, Wash. | | Date issued
9-5-58 |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother
Minnie Borcharding | | Name of Father
Chr. B. Knorr |

| | | | |
|--|--|--|-------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Mr Nancy Richards | Date Filed
Sept. 26, 1958 |

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

Division of Vital Statistics
Harrisburg, Pa.

Birth Date: 1930
Month: 10
Day: 20

Birth Date: 1930
Month: 10
Day: 20

SEP 28 1930

Place of Birth: Delaware
County: Kent
City: Dover

Place of Birth: Delaware
County: Kent
City: Dover

Place of Birth: Delaware
County: Kent
City: Dover

Birth Date: 1930
Month: 10
Day: 20

Birth Date: 1930
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DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-853
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|---|---|-----------------------|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Herbert Dewett Englund</u> | | | 2. Date (month) (day) (year)
Of Birth <u>December 8th 1898</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Herbert, Idaho, U.S.A.</u> | b. City or Town of Birth | |
| FATHER | 6. Full Name of Father
<u>Charles Augustine Englund</u> | | | 7. State or Country of Father's Birth
<u>Egypt</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Matilda Thompson</u> | | | 9. State or Country of Mother's Birth
<u>Sweden, Europe</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>H.D. Englund</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>2nd May 1956</u> | | | 11. Present Address of Registrant
<u>FAIRVALE, ALBERTA</u>
My Commission expires
A Notary Public in and for
The Province of Alberta <u>19</u> | |
| NOTARY | 12. Signature of Notary
<u>Lynne Johnson</u> | | | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|--------------------------------------|---|--|--|
| SUPPORTING RECORD 1 | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>Community Presbyterian Rexburg, Idaho</u> | Date issued
<u>June 11, 1911</u> | Date Orig. Entry |
| | Date of Birth
<u>December 8, 1898</u> | Birth Place
<u>Herbert, Idaho</u> | Full Name of Mother
<u>Matilda Peterson Englund</u> | Name of Father
<u>Charles Augustine Englund</u> | |
| SUPPORTING RECORD 2 | Type of Document
<u>Entry of homestead filing</u> | | By whom issued and signed
<u>Department of Lands & Forests Edmonton, Alberta, Canada</u> | Date issued | Date Orig. Entry
<u>Dec. 29, 1916</u> |
| | Date of Birth
<u>age 18</u> | Birth Place
<u>----</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>----</u> | |
| SUPPORTING RECORD 3 | Type of Document
<u>Affidavit by person present at birth, age 85 (assisted at birth)</u> | | By whom issued and signed
<u>Ellen E. Luthy</u> | Date issued
<u>4-3-57</u> | Date Orig. Entry |
| | Date of Birth
<u>Dec. 8, 1898</u> | Birth Place
<u>Herbert, Idaho</u> | Full Name of Mother
<u>Matilda Englund</u> | Name of Father
<u>Charles Augustine Englund</u> | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>VW mr Nancy Richards</u> | Date Filed
<u>Oct. 24, 1958</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

STATE OF NEW YORK
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF INVESTIGATION

DATE OF BIRTH
PLACE OF BIRTH
SEX
RACE
HEIGHT
WEIGHT
EYES
HAIR
SKIN

NAME OF FATHER
NAME OF MOTHER
DATE OF BIRTH
PLACE OF BIRTH
SEX
RACE
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EYES
HAIR
SKIN

NAME OF FATHER
NAME OF MOTHER
DATE OF BIRTH
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313403-035-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-865

| | | | | | | | |
|--|---|--------------------|---|------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ernest Lorenzo Lacey</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>January 3 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>M</i> | 5. Place of Birth
<i>Peck, Idaho</i> | a. County
<i>Nezperce</i> | b. City or Town of Birth
<i>Peck</i> | | |
| FATHER | 6. Full Name of Father
<i>Pearl Chaney Lacey</i> | | | | 7. State or Country of Father's Birth
<i>Iowa</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Martha Elizabeth Porter</i> | | | | 9. State or Country of Mother's Birth
<i>Missouri</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ernest Lacey</i> | | 11. Present Address of Registrant
<i>Peck, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct 23 1958</i> | | | | 12. Signature of Notary
<i>Anne Thompson</i> | | 13. Notary Commission expires
<i>6/1 1962</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>Affidavit by mother, age 83</i> | | By whom issued and signed
<i>Martha Elizabeth Porter Lacey</i> | | Date issued
<i>10-23-58</i> | Date Orig. Entry |
| | Date of Birth
<i>Jan. 3, 1898</i> | Birth Place
<i>Nez Perce Co. Peck, Idaho</i> | Full Name of Mother
<i>Martha Elizabeth Porter Lacey</i> | | Name of Father
<i>Pearl Chaney Lacey</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Lewis County Recorder, Nezperce, Idaho</i> | | Date issued
<i>9-30-58</i> | Date Orig. Entry
<i>Dec. 29, 1924</i> |
| | Date of Birth
<i>age 26</i> | Birth Place
<i>Peck, Idaho</i> | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
<i>School Record</i> | | By whom issued and signed
<i>School Dist. #56, Nez Perce Co., Lewiston, Idaho</i> | | Date issued
<i>9-9-58</i> | Date Orig. Entry
<i>Sept. 1916</i> |
| | Date of Birth
<i>age 18</i> | Birth Place
----- | Full Name of Mother
----- | | Name of Father
<i>P. C. Lacey</i> | |

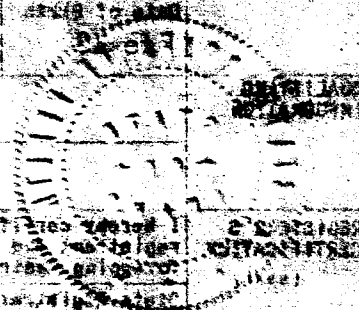
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Oct. 29, 1958</i> |

DELAWARE STATE OF DEPT. OF HEALTH DELAYED CERTIFICATION OF BIRTH

| | | | | | |
|---|--|---|--|--|--|
| 1. Name of child at birth
[Handwritten: John Doe] | | 2. Date of birth
[Handwritten: 10-29-1938] | | 3. Sex
[Handwritten: Male] | |
| 4. Name of mother
[Handwritten: Jane Doe] | | 5. Date of birth of mother
[Handwritten: 05-15-1915] | | 6. Name of father
[Handwritten: John Doe] | |
| 7. Date of birth of father
[Handwritten: 03-10-1910] | | 8. Name of hospital or institution
[Handwritten: St. Mary's Hospital] | | 9. Address of hospital or institution
[Handwritten: 123 Main St., Dover, Del.] | |
| 10. Name of physician
[Handwritten: Dr. J. H. Smith] | | 11. Address of physician
[Handwritten: 456 Elm St., Dover, Del.] | | 12. Signature of physician
[Handwritten: J. H. Smith] | |
| 13. Name of registrar
[Handwritten: J. H. Smith] | | 14. Address of registrar
[Handwritten: 123 Main St., Dover, Del.] | | 15. Signature of registrar
[Handwritten: J. H. Smith] | |
| 16. Name of informant
[Handwritten: John Doe] | | 17. Address of informant
[Handwritten: 123 Main St., Dover, Del.] | | 18. Signature of informant
[Handwritten: John Doe] | |
| 19. Date of birth
[Handwritten: 10-29-1938] | | 20. Name of hospital or institution
[Handwritten: St. Mary's Hospital] | | 21. Address of hospital or institution
[Handwritten: 123 Main St., Dover, Del.] | |
| 22. Name of physician
[Handwritten: Dr. J. H. Smith] | | 23. Address of physician
[Handwritten: 456 Elm St., Dover, Del.] | | 24. Signature of physician
[Handwritten: J. H. Smith] | |
| 25. Name of registrar
[Handwritten: J. H. Smith] | | 26. Address of registrar
[Handwritten: 123 Main St., Dover, Del.] | | 27. Signature of registrar
[Handwritten: J. H. Smith] | |
| 28. Name of informant
[Handwritten: John Doe] | | 29. Address of informant
[Handwritten: 123 Main St., Dover, Del.] | | 30. Signature of informant
[Handwritten: John Doe] | |



961-224-025-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-900

| | | | | | | | |
|--|---|-------------------------|--|-------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Clara Roakey | | | | 2. Date (month) (day) (year)
Of Birth Oct. 24 1898 | | |
| | 3. Color or Race
W | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
Idaho Co. | b. City or Town of Birth
Winona | | |
| FATHER | 6. Full Name of Father
Joseph Roakey | | | | 7. State or Country of Father's Birth
Kansas | | |
| MOTHER | 8. Full Maiden Name of Mother
Hattie Parks | | | | 9. State or Country of Mother's Birth
Missouri | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clara Roakey Adams</i> | | 11. Present Address of Registrant
3221 S. Manito Blvd
Spokane 36, Wash. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 19th</i> 1958 | | 12. Signature of Notary
<i>Caryl Lamb</i> | | 13. Notary Commission expires
7/19 1958 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-------------------------------------|---|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Baptismal Certificate | | By whom issued and signed
Rev. A. A. Doaks, Minister | | Date Issued | Date Orig. Entry
June, 1911 |
| | Date of Birth
Oct. 24,
1898 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2- | Type of Document
Lodge Record | | By whom issued and signed
Kamiah Rebekah Lodge No. 50
Kamiah, Idaho | | Date Issued
9-4-58 | Date Orig. Entry
Feb. 16, 1927 |
| | Date of Birth
age 28 | Birth Place
Winona, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by
person present at birth,
age 83 | | By whom issued and signed
Pearl Parks | | Date Issued
8-8-58 | Date Orig. Entry |
| | Date of Birth
Oct. 24,
1898 | Birth Place
Winona, Idaho | Full Name of Mother
Hattie Roakey | | Name of Father
Joseph Roakey | |

| | |
|---------------------------|--|
| QUALIFYING
INFORMATION | Family Record, obviously old, viewed by Bureau of Vital Statistics on May 16, 1958:
born Oct. 24, 1898; parents-Joseph and Hattie Roakey. |
|---------------------------|--|

| | | | |
|--|--|------------------------------------|--|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Nov. 12, 1958 | |

764-129-022-439

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-905

| | | | | | | | |
|--|---|--------------------|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Clarence Robert Godfrey</i> | | | | 2. Date (month) (day) (year)
Birth <i>10 29 1898</i> | | |
| | 3. Color or Race
<i>W</i> | 4. Sex
<i>M</i> | 5. Place of Birth a County
<i>Fremont</i> | | 6. City or Town of Birth
<i>St. Anthony</i> | | |
| FATHER | 6. Full Name of Father
<i>David Reeve Godfrey</i> | | | | 7. State or Country of Father's Birth
<i>No. Ogden Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Louretta McIntire</i> | | | | 9. State or Country of Mother's Birth
<i>No. Ogden Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>x Clarence Robert Godfrey</i> | | 11. Present Address of Registrant
<i>2914 Idaho St. Boise</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 8 1958</i> | | | | 12. Signature of Notary
<i>Patricia W. [unclear]</i> | | 13. Notary Commission expires
<i>Dec 8 1960</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-----------------------------------|---|--|------------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by sister, age 69 | | By whom issued and signed
Nora Godfrey | | Date issued
7-8-58 | Date Orig. Entry |
| | Date of Birth
Oct. 29,
1898 | Birth Place
St. Anthony, Idaho | Full Name of Mother
Louretta McIntire | | Name of Father
David R. Godfrey | |
| SUPPORTING
RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Fremont County, Idaho | | Date issued
8-15-58 | Date Orig. Entry
Dec. 22, 1919 |
| | Date of Birth
age 21 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
10-31-58 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Oct. 1898
(age 1) | Birth Place
Idaho | Full Name of Mother
Loretta Godfrey | | Name of Father
David R. Godfrey | |

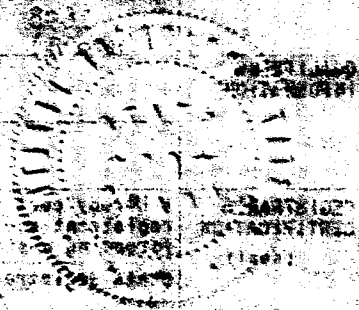
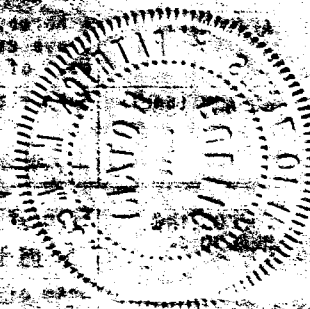
QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|-------------------------------------|--|-----------------------------|
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Mr Nancy Richards</i> | Date Filed
Nov. 18, 1958 |
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356-206-003-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-915

| | | | | | | |
|--|---|-------------------------|---|-----------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
DONNA-IDA-LEWIS | | | | 2. Date (month) (day) (year)
Of Birth FEB. 6 1898 | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth
McCammon, Idaho | a. County
BANNOCK | b. City or Town of Birth
McCammon - Idaho | |
| FATHER | 6. Full Name of Father
JAMES-ALVA-LEWIS | | | | 7. State or Country of Father's Birth
UTAH | |
| MOTHER | 8. Full Maiden Name of Mother
ELENOR NORTON | | | | 9. State or Country of Mother's Birth
UTAH | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Donna Ida Lewis</i>
DONNA-IDA-LEWIS | |
| NOTARY (Seal) | Subscribed and sworn to before me on
10-14-1958 | | | | 11. Present Address of Registrant
INGLEWOOD - Calif. | |
| | 12. Signature of Notary
<i>J. Orem</i> | | | | 13. Notary Commission expires
1-4-1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued | Date Orig. Entry
Dec. 1, 1936 |
| | Date of Birth
Feb. 6, 1898 | Birth Place
McCammon, Idaho | Full Name of Mother
Elenore Norton | | Name of Father
James Alva Lewis | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Application | | By whom issued and signed
United Benefit Life Ins. Co. | | Date issued | Date Orig. Entry
July 25, 1946 |
| | Date of Birth
Feb. 6, 1898 | Birth Place
McCammon, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by uncle, age 75 | | By whom issued and signed
Lemuel Norton | | Date issued
11-10-58 | Date Orig. Entry |
| | Date of Birth
Feb. 6, 1898 | Birth Place
Bannock Co. McCammon, Idaho | Full Name of Mother
Ida Eleanor Norton | | Name of Father
James Alva Lewis | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
mr Nancy Richards | Date Filed
Nov. 19, 1958 |

DELAID CERTIFICATE OF BIRTH STATE OF IDAHO

NOV 14 1958



| | | | |
|---|--|---------------------------------------|--|
| 1. Name of child at birth | | 2. Date of birth | |
| 3. Sex of child | | 4. Place of birth | |
| 5. State or County of residence at birth | | 6. State or County of mother's birth | |
| 7. Name of mother | | 8. Name of father | |
| 9. Name of child at birth | | 10. Date of birth | |
| 11. Sex of child | | 12. Place of birth | |
| 13. State or County of residence at birth | | 14. State or County of mother's birth | |
| 15. Name of mother | | 16. Name of father | |
| 17. Name of child at birth | | 18. Date of birth | |
| 19. Sex of child | | 20. Place of birth | |
| 21. State or County of residence at birth | | 22. State or County of mother's birth | |
| 23. Name of mother | | 24. Name of father | |
| 25. Name of child at birth | | 26. Date of birth | |
| 27. Sex of child | | 28. Place of birth | |
| 29. State or County of residence at birth | | 30. State or County of mother's birth | |
| 31. Name of mother | | 32. Name of father | |
| 33. Name of child at birth | | 34. Date of birth | |
| 35. Sex of child | | 36. Place of birth | |
| 37. State or County of residence at birth | | 38. State or County of mother's birth | |
| 39. Name of mother | | 40. Name of father | |
| 41. Name of child at birth | | 42. Date of birth | |
| 43. Sex of child | | 44. Place of birth | |
| 45. State or County of residence at birth | | 46. State or County of mother's birth | |
| 47. Name of mother | | 48. Name of father | |
| 49. Name of child at birth | | 50. Date of birth | |
| 51. Sex of child | | 52. Place of birth | |
| 53. State or County of residence at birth | | 54. State or County of mother's birth | |
| 55. Name of mother | | 56. Name of father | |
| 57. Name of child at birth | | 58. Date of birth | |
| 59. Sex of child | | 60. Place of birth | |
| 61. State or County of residence at birth | | 62. State or County of mother's birth | |
| 63. Name of mother | | 64. Name of father | |
| 65. Name of child at birth | | 66. Date of birth | |
| 67. Sex of child | | 68. Place of birth | |
| 69. State or County of residence at birth | | 70. State or County of mother's birth | |
| 71. Name of mother | | 72. Name of father | |
| 73. Name of child at birth | | 74. Date of birth | |
| 75. Sex of child | | 76. Place of birth | |
| 77. State or County of residence at birth | | 78. State or County of mother's birth | |
| 79. Name of mother | | 80. Name of father | |
| 81. Name of child at birth | | 82. Date of birth | |
| 83. Sex of child | | 84. Place of birth | |
| 85. State or County of residence at birth | | 86. State or County of mother's birth | |
| 87. Name of mother | | 88. Name of father | |
| 89. Name of child at birth | | 90. Date of birth | |
| 91. Sex of child | | 92. Place of birth | |
| 93. State or County of residence at birth | | 94. State or County of mother's birth | |
| 95. Name of mother | | 96. Name of father | |
| 97. Name of child at birth | | 98. Date of birth | |
| 99. Sex of child | | 100. Place of birth | |

367-130-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-941

| | | | | | |
|--|---|----------------|------------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
John Henry Cox | | | 2. Date (month) (day) (year)
Of Birth April 30 1898 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Bannock | a. County
b. City or Town of Birth
Pocatello, | |
| FATHER | 6. Full Name of Father
Samuel Cox | | | 7. State or Country of Father's Birth
Birmingham, England | |
| MOTHER | 8. Full Maiden Name of Mother
Mary E. Watson | | | 9. State or Country of Mother's Birth
Logan, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>John Henry Cox</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Nov. 13th 1958 | | | 11. Present Address of Registrant
15916 Ventura Blvd.
Encino, Calif.
12. Signature of Notary
<i>Ernest M. McFulie</i>
13. Notary Commission Expires
My Commission Expires Mar. 7, 1960
19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|--|--|------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Church Record | | By whom issued and signed
Pocatello Stake, Pocatello Ward
IDS Church | | Date issued
11-4-58 | Date Orig. Entry
May 6, 1906 |
| | Date of Birth
April 30,
1898 | Birth Place
Bannock Co.,
Pocatello, Idaho | Full Name of Mother
Mary E. Watson | | Name of Father
Samuel Cox | |
| SUPPORTING
RECORD 2. | Type of Document
Lodge Record | | By whom issued and signed
Benevolence Lodge #631, F.&
A.M., No. Hollywood, Calif. | | Date issued
10-29-57 | Date Orig. Entry
Aug. 8, 1936 |
| | Date of Birth
April 30,
1898 | Birth Place
Pocatello, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Application | | By whom issued and signed
Los Angeles Police Retirement
Benefit & Insurance Ass'n., Inc. | | Date issued | Date Orig. Entry
Feb. 20, 1937 |
| | Date of Birth
April 30,
1898 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING
INFORMATION

Affidavit by father, Samuel Cox; 11-3-58: born April 30, 1898 at Pocatello,
Bannock Co., Idaho.

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|-------------------------------------|--|-----------------------------|
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Nov. 28, 1958 |
|-------------------------------------|--|-----------------------------|

NOV 24 1964

RECEIVED
JAN 10 1968

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]

[Illegible body text]

Very truly yours,
[Illegible Signature]

Enclosure

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-983
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | |
|--|---|--------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Jonas Dubois Fredrickson</i> | | | 2. Date of Birth (month) (day) (year)
<i>October 6th 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex | 5. Place of Birth
<i>Idaho Oneida</i> | 6. City or Town of Birth
<i>Malad</i> | |
| FATHER | 6. Full Name of Father
<i>Peter Fredrickson</i> | | | 7. State or Country of Father's Birth
<i>Denmark</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Anna Johnson</i> | | | 9. State or Country of Mother's Birth
<i>Sweden</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>J. Fredrickson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>December 4 1958</i> | | | 11. Present Address of Registrant
<i>1217-16th Ave
Sacramento 18 Calif</i> | |
| | | | | 12. Signature of Notary
<i>P. Tennell</i> | |
| | | | | 13. Notary Commission expires
<i>December 6 1959</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
<i>Insurance Policy</i> | | By whom issued and signed
<i>Equitable Life Assurance Soc.</i> | Date issued
<i>1-12-27</i> | Date Orig. Entry
<i>Jan. 5, 1927</i> |
| | Date of Birth
<i>Oct. 6, 1898</i> | Birth Place
<i>Oneida Co. Malad City, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| SUPPORTING RECORD 2. | Type of Document (born 1-30-1881)
<i>Affidavit by brother</i> | | By whom issued and signed
<i>John F. Fredrickson</i> | Date issued
<i>7-18-56</i> | Date Orig. Entry |
| | Date of Birth
<i>Oct. 6, 1898</i> | Birth Place
<i>Oneida Co. Malad City, Idaho</i> | Full Name of Mother
<i>Anna Fredrickson</i> | Name of Father
<i>Peter Fredrickson</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>Honorable Discharge Record</i> | | By whom issued and signed
<i>U. S. Army</i> | Date issued
<i>discharged 9-16-18</i> | Date Orig. Entry
<i>enlisted July 29, 1918</i> |
| | Date of Birth
<i>19 years</i> | Birth Place
<i>Malad City, Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Dec. 11, 1958</i> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DECEASED CERTIFICATE OF BIRTH

STATE OF OHIO

Division of Public Health
Bureau of Vital Statistics
Columbus, Ohio

REGISTRATION

1. Name of Person
2. Date of Birth
3. Sex

DECEASED

1. Full Name of Deceased
2. Date of Death
3. Place of Death

1. Local Health Officer's Certificate
2. Certificate of Death
3. Certificate of Burial



1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

Full Name of Deceased

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

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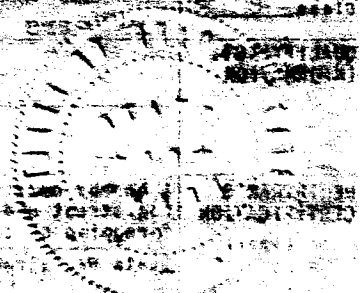
1. Name of Deceased
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1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

1. Name of Deceased
2. Date of Death
3. Place of Death

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-986

| | | | | | | | |
|--|--|--------------------------------|--|--|---|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Genevieve Isabelle Davis | | | | 2. Date of Birth
June 25 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bingham | | b. City or Town of Birth
Moreland, Idaho | | |
| FATHER | 6. Full Name of Father
John Bogart Davis | | | | 7. State or Country of Father's Birth
New York | | |
| MOTHER | 8. Full Maiden Name of Mother
Nora Matilda Ockerman | | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Genevieve J. Standley</i> | | 11. Present Address of Registrant
<i>Twin Falls, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>December 3 1958</i> | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept 28 1960</i> | | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics, Idaho #160494 | | Date issued | Date Orig. Entry
Child born March 31, 1928 | |
| | Date of Birth
Age 29 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING RECORD 2. | Type of Document
Certificate of Age From Marriage Record | | By whom issued and signed
T.W. Stivers, Auditor of the County of Twin Falls | | Date issued
November 12 1958 | Date Orig. Entry
License issued 1-4-27 | |
| | Date of Birth
Age 28 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by aunt, age 74 | | By whom issued and signed
Hilda Worden | | Date issued
12-3-58 | Date Orig. Entry | |
| | Date of Birth
June 25, 1898 | Birth Place
Moreland, Idaho | Full Name of Mother
Nora Matilda Ockerman | | Name of Father
John Bogart Davis | | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
ses Nancy Richards | | | Date Filed
Dec. 11, 1958 | |

951-222-016-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-1016

| | | | | | | |
|---|---|------------------|--|---|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Darlean Read | | | 2. Date (month) (day) (year)
Of Birth November 22 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Cassia County | | b. City or Town of Birth
Marion, Idaho | |
| FATHER | 6. Full Name of Father
William Read | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Lydia Gorringe | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Darlean Read | | 11. Present Address of Registrant
236 West 8th St.
Burley, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
Nov. 22, 1958 19 | | | 12. Signature of Notary
Henry W. Tucker | | 13. Notary Commission expires
June 1, 1960 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|--|--|--------------------------------|---|
| SUPPORTING RECORD 1- | Type of Document
Church Record--Blessing | | By whom issued and signed
Marion Ward, Cassia Stake
IDS Church | | Date issued | Date Orig. Entry
Jan. 1, 1899 |
| | Date of Birth
Nov. 22, 1898 | Birth Place
Cassia Co.
Marion, Idaho | Full Name of Mother
Lydia Gorringe | | Name of Father
William Read | |
| SUPPORTING RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #65738 | | Date issued | Date Orig. Entry
child born
Feb. 10, 1919 |
| | Date of Birth
age 20 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document (born 2-1-1888)
Affidavit by cousin | | By whom issued and signed
Parley L. Tolman | | Date issued
12-13-58 | Date Orig. Entry |
| | Date of Birth
Nov. 22, 1898 | Birth Place
Cassia Co.
Marion, Idaho | Full Name of Mother
Lydia Gorringe | | Name of Father
William Read | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. L. Benson | | Evidence reviewed by
Nancy Richards | | | Date Filed
Dec. 26, 1958 |

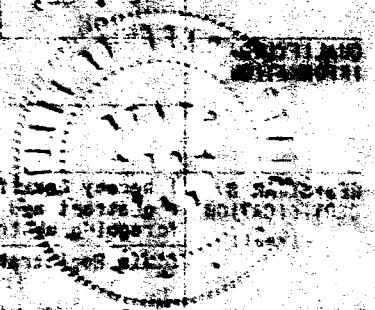
DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

THIS BOARD OF HEALTH
DIVISION OF VITAL RECORDS
DOES hereby certify that

DEC 25 1933

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| 1. Name of Child
[Name] | | 2. Sex
[Sex] | | 3. Date of Birth
[Date] | | 4. Place of Birth
[Place] | |
| 5. Name of Mother
[Name] | | 6. Name of Father
[Name] | | 7. Name of Mother's Maiden Name
[Name] | | 8. Name of Father's Maiden Name
[Name] | |
| 9. Signature of Registrar
[Signature] | | 10. Signature of Registrar
[Signature] | | 11. Signature of Registrar
[Signature] | | 12. Signature of Registrar
[Signature] | |
| 13. Date of Birth
[Date] | | 14. Date of Birth
[Date] | | 15. Date of Birth
[Date] | | 16. Date of Birth
[Date] | |

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 17. Name of Child
[Name] | | 18. Sex
[Sex] | | 19. Date of Birth
[Date] | | 20. Place of Birth
[Place] | |
| 21. Name of Mother
[Name] | | 22. Name of Father
[Name] | | 23. Name of Mother's Maiden Name
[Name] | | 24. Name of Father's Maiden Name
[Name] | |
| 25. Signature of Registrar
[Signature] | | 26. Signature of Registrar
[Signature] | | 27. Signature of Registrar
[Signature] | | 28. Signature of Registrar
[Signature] | |
| 29. Date of Birth
[Date] | | 30. Date of Birth
[Date] | | 31. Date of Birth
[Date] | | 32. Date of Birth
[Date] | |



THIS CERTIFICATE IS VALID FOR THE PURPOSES OF THE DELAWARE VITAL RECORDS ACT, AND IS SUBJECT TO THE REVIEW AND CORRECTION OF THE DIVISION OF VITAL RECORDS.

Witness my hand and seal this [Date] day of [Month], 19[Year].

Registrar

439-125-033-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1018

| | | | | | | | |
|--|---|-----------------------|--------------------------------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Joseph Andrew McRae | | | | 2. Date (month) (day) (year)
Of Birth Aug 25 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Thornton | a. County
Madison | b. City or Town of Birth
Thornton (Texas Was name then) | | |
| FATHER | 6. Full Name of Father
John McRae | | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Hilda C Hansen | | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Joseph Andrew McRae</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 3 1958 | | | | 11. Present Address of Registrant
Thornton, Idaho | | |
| | | | | | 12. Signature of Notary
<i>John Hansen</i> | | |
| | | | | 13. Notary Commission expires
1-11-61 19 | | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---------------------------------------|---|--|-------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Insurance Policy | | By whom issued and signed
New World Life Ins. Co. | | Date issued
8-11-19 | Date Orig. Entry
July 15, 1919 |
| | Date of Birth
Aug. 25, 1898 | Birth Place
Thornton, Idaho | Full Name of Mother
Hilda C. McRae | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #195760 | | Date issued | Date Orig. Entry
child born Oct. 30, 1931 |
| | Date of Birth
age 33 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document (14 yrs. senior, also born in Aug.)
Affidavit by neighbor at time | | By whom issued and signed
Daniel Milton Anderson | | Date issued
12-16-58 | Date Orig. Entry |
| | Date of Birth
Aug. 1898 | Birth Place of birth
--- | Full Name of Mother
Hilda C. Hansen McRae | | Name of Father
John McRae | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by

nr Nancy Richards

Date Filed

Dec. 26, 1958

DEC 29 1954

| | | | |
|--|--|--|--|
| <p>1. Name of Person (Last, First, Middle Initial)
 2. Date of Birth
 3. Place of Birth
 4. Sex
 5. Race
 6. Height
 7. Weight
 8. Color of Eyes
 9. Color of Hair
 10. Color of Skin
 11. Scars, Marks, or Tattoos
 12. Education
 13. Occupation
 14. Present Address
 15. Previous Address
 16. Date of Entry into Country
 17. Date of Departure from Country
 18. Date of Return to Country
 19. Date of Last Contact
 20. Date of Last Visit
 21. Date of Last Meeting
 22. Date of Last Communication
 23. Date of Last Contact
 24. Date of Last Visit
 25. Date of Last Meeting
 26. Date of Last Communication</p> | <p>1. Name of Person (Last, First, Middle Initial)
 2. Date of Birth
 3. Place of Birth
 4. Sex
 5. Race
 6. Height
 7. Weight
 8. Color of Eyes
 9. Color of Hair
 10. Color of Skin
 11. Scars, Marks, or Tattoos
 12. Education
 13. Occupation
 14. Present Address
 15. Previous Address
 16. Date of Entry into Country
 17. Date of Departure from Country
 18. Date of Return to Country
 19. Date of Last Contact
 20. Date of Last Visit
 21. Date of Last Meeting
 22. Date of Last Communication
 23. Date of Last Contact
 24. Date of Last Visit
 25. Date of Last Meeting
 26. Date of Last Communication</p> | <p>1. Name of Person (Last, First, Middle Initial)
 2. Date of Birth
 3. Place of Birth
 4. Sex
 5. Race
 6. Height
 7. Weight
 8. Color of Eyes
 9. Color of Hair
 10. Color of Skin
 11. Scars, Marks, or Tattoos
 12. Education
 13. Occupation
 14. Present Address
 15. Previous Address
 16. Date of Entry into Country
 17. Date of Departure from Country
 18. Date of Return to Country
 19. Date of Last Contact
 20. Date of Last Visit
 21. Date of Last Meeting
 22. Date of Last Communication
 23. Date of Last Contact
 24. Date of Last Visit
 25. Date of Last Meeting
 26. Date of Last Communication</p> | <p>1. Name of Person (Last, First, Middle Initial)
 2. Date of Birth
 3. Place of Birth
 4. Sex
 5. Race
 6. Height
 7. Weight
 8. Color of Eyes
 9. Color of Hair
 10. Color of Skin
 11. Scars, Marks, or Tattoos
 12. Education
 13. Occupation
 14. Present Address
 15. Previous Address
 16. Date of Entry into Country
 17. Date of Departure from Country
 18. Date of Return to Country
 19. Date of Last Contact
 20. Date of Last Visit
 21. Date of Last Meeting
 22. Date of Last Communication
 23. Date of Last Contact
 24. Date of Last Visit
 25. Date of Last Meeting
 26. Date of Last Communication</p> |
|--|--|--|--|

454-229-040-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-1023

| | | | | | | | |
|--|--|------------------------------|--|--|--|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Clara DeMuth | | | | 2. Date (month) (day) (year)
Of Birth Oct. 29 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Murray, Idaho | | b. City or Town of Birth
Murray, Idaho | | |
| FATHER | 6. Full Name of Father
Frederick DeMuth | | | | 7. State or Country of Father's Birth
Germany | | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Donlaben (Donnelaben) | | | | 9. State or Country of Mother's Birth
Germany | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clara DeMuth</i> | | 11. Present Address of Registrant
400 E. 55th St., N.Y.C. |
| NOTARY (Seal) | Subscribed and sworn to before me on
NOVEMBER 7, 1958 | | 12. Signature of Notary
<i>Joseph L Klein</i> | | 13. Notary Commission expires
Notary Public, State of New York
No. 31-214650 19
Qualified in New York County
Commission Expires March 10, 1959 | | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued | Date Orig. Entry
Jan. 23, 1946 | |
| | Date of Birth
Oct. 29, 1898 | Birth Place
Murray, Idaho | Full Name of Mother
Emma Donnelaben | | Name of Father
Frederick DeMuth | | |
| SUPPORTING
RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Dept. of Health of the City
of New York, N.Y. #17762 | | Date issued
8-7-58 | Date Orig. Entry
Aug. 9, 1933 | |
| | Date of Birth
age 34 | Birth Place
Murray, Idaho | Full Name of Mother
Emma Donleben | | Name of Father
Frederick DeMuth | | |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
State of New York | | Date issued | Date Orig. Entry
child born
Aug. 6, 1927 | |
| | Date of Birth
age 28 | Birth Place
U.S.A. | Full Name of Mother
--- | | Name of Father
--- | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | State Registrar
<i>W. H. Benson</i> | | Evidence reviewed by
Nancy Richards |
| | | | | | | Date Filed
Dec. 29, 1958 | |

DECEASED CERTIFICATE OF BIRTH
STATE OF NEW YORK

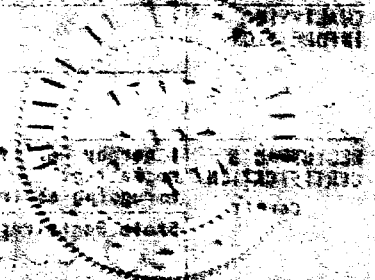
DEC 20 1950



NAME OF CHILD
DATE OF BIRTH
PLACE OF BIRTH
SEX
RACE
MOTHER'S NAME
FATHER'S NAME
MOTHER'S MAIDEN NAME
MOTHER'S BIRTH DATE
FATHER'S BIRTH DATE
MOTHER'S BIRTH PLACE
FATHER'S BIRTH PLACE
MOTHER'S BIRTH DATE
FATHER'S BIRTH DATE
MOTHER'S BIRTH PLACE
FATHER'S BIRTH PLACE

CITY OF NEW YORK
COUNTY OF NEW YORK
STATE OF NEW YORK

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|



STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE STATE COMMISSIONER OF HEALTH
ALBANY, NEW YORK

856-107-003-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De58-1026

| | | | | | | |
|--|---|-----------------------|-----------------------------------|-----------------------------|---|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
CLARENCE NAEB HEWLETT | | | | 2. Date (month) (day) (year)
Of Birth Feb 7 1898 | |
| | 3. Color or Race
White | 4. Sex
MALE | 5. Place of Birth
IDAHO | a. County
BANNOCK | b. City or Town of Birth
Pocatello | |
| FATHER | 6. Full Name of Father
ALBERT JOHN HEWLETT | | | | 7. State or Country of Father's Birth
BRISTOL ENGLAND | |
| MOTHER | 8. Full Maiden Name of Mother
ANNIE ELIZABETH NAEF | | | | 9. State or Country of Mother's Birth
UTAH | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clarence Naef Hewlett</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 8 1958 | | | | 11. Present Address of Registrant
848 IROLO ST
LOS ANGELES CALIF. | |
| | | | | | 12. Signature of Notary
<i>Heleen J. Chapman</i> | |
| | | | | | 13. Notary Commission expires
19__ | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Church Record--Blessing | | By whom issued and signed
Pocatello Third Ward, LDS Church; Idaho | | Date issued
1-27-42 | Date Orig. Entry
March 6, 1898 |
| | Date of Birth
Feb. 7, 1898 | Birth Place
Pocatello, Idaho | Full Name of Mother
Annie Elizabeth Naef | | Name of Father
Albert John Hewlett | |
| SUPPORTING
RECORD 2. | Type of Document (born 4-5-1881)
Affidavit by mother's sister | | By whom issued and signed
Elsie Naef Kendrick | | Date issued
5-22-58 | Date Orig. Entry |
| | Date of Birth
Feb. 7, 1898 | Birth Place
Bannock Co.
Pocatello, Idaho | Full Name of Mother
Annie E. Naef Hewlett | | Name of Father
Albert John Hewlett | |
| SUPPORTING
RECORD 3. | Type of Document
Service Record | | By whom issued and signed
copy issued from Los Angeles Co. records (U.S. Army) 4-22-37 | | Date issued
discharged 7-9-19 | Date Orig. Entry
enlisted May 2, 1917 |
| | Date of Birth
enlistment age-
age 19½ | Birth Place
Pocatello, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Dec. 29, 1958 |

DEC 29 1964

[illegible]

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De58-1038
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|--------------------|---|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
LEAMAN HARRY MARTINSEN | | | | 2. Date (month) (day) (year)
Of Birth OCT. 30 1898 | |
| | 3. Color of Race
White | 4. Sex
M | 5. Place of Birth
Grant - Fremont | | 6. City or Town of Birth
Grant | |
| FATHER | 6. Full Name of Father
WILLIAM MARTINSEN | | | | 7. State or Country of Father's Birth
SWEDEN | |
| MOTHER | 8. Full Maiden Name of Mother
ANN EDA HOWE | | | | 9. State or Country of Mother's Birth
UTAH | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Leamon Harry Martinsen</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Sept 30 1958 | | | | 11. Present Address of Registrant
2. Idaho Falls, Ida. | |
| | 12. Signature of Notary
<i>Harold P. Bishop</i> | | | | 13. Notary Commission expires
June 18 1962 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|---|---|--|--|
| SUPPORTING RECORD 1.

class* <u>B</u> | Type of Document
Affidavit by friend at time of birth, age 78 | | By whom issued and signed
P. W. Dabell | Date issued
12-3-58 | Date Orig. Entry |
| | Date of Birth
Oct. 30, 1898 | Birth Place
(Fremont, now Jefferson Co.) Grant, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING RECORD 2.

Class <u>A</u> | Type of Document
Church Record | | By whom issued and signed
LDS Church, Grant | Date issued | Date Orig. Entry
March 5, 1899 |
| | Date of Birth
Oct. 30, 1898 | Birth Place
Grant, Idaho | Full Name of Mother
Ann Eda Howe | Name of Father
William Martinsen | |
| SUPPORTING RECORD 3.

Class <u>B</u> | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #302164 | Date issued | Date Orig. Entry
child born Oct. 9, 1940 |
| | Date of Birth
age 41 | Birth Place
Grant, Idaho | Full Name of Mother
---- | Name of Father
---- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Dec. 31, 1958 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

264-122-022-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-066

| | | | | | | | |
|--|---|-----------------------|-------------------------------------|-----------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Joseph Edward Southworth | | | | 2. Date (month) (day) (year)
Of Birth November 22nd 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Fremont | a. County
Fremont | b. City or Town of Birth
Wilford, Idaho | | |
| FATHER | 6. Full Name of Father
Joseph Alanson Southworth | | | | 7. State or Country of Father's Birth
Brigham City, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Lucy Elva Ringrose | | | | 9. State or Country of Mother's Birth
Coventry, England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Joseph E. Southworth</i> | | 11. Present Address of Registrant
Rt. #2 No. Pocatello, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 15th, 1958 | | | | 12. Signature of Notary
<i>E. H. Lundgren</i> | | 13. Notary Commission expires
September 9th 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|--|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
4-18-58 | Date Orig. Entry
April 18, 1958 |
| | Date of Birth
Nov. 1898
(age 1) | Birth Place
Idaho | Full Name of Mother
Lucy Southworth | | Name of Father
Joseph A. Southworth | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #187802 | | Date issued | Date Orig. Entry
child born Dec. 24, 1930 |
| | Date of Birth
age 32 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3- | Type of Document
Church Record--Baptism | | By whom issued and signed
Genealogical Society of the LDS Church, Salt Lake City, Utah | | Date issued
11-22-57 | Date Orig. Entry
1909 |
| | Date of Birth
Nov. 22, 1898 | Birth Place
Fremont Co. Wilford, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. H. Benson

Evidence reviewed by

nr **Nancy Richards**

Date Filed

Jan. 30, 1959

JAN 30 1950

1. The first of these is the fact that the
 2. State of New York is a member of the
 3. League of Nations. This is a fact which
 4. is of great importance in the present
 5. discussion. The League of Nations is
 6. an organization of states which is
 7. designed to maintain peace and
 8. to prevent war. It is a fact that
 9. the State of New York is a member
 10. of this organization. This is a fact
 11. which is of great importance in the
 12. present discussion. The League of Nations
 13. is an organization of states which is
 14. designed to maintain peace and to prevent
 15. war. It is a fact that the State of
 16. New York is a member of this organization.
 17. This is a fact which is of great
 18. importance in the present discussion.
 19. The League of Nations is an organization
 20. of states which is designed to maintain
 21. peace and to prevent war. It is a fact
 22. that the State of New York is a member
 23. of this organization. This is a fact
 24. which is of great importance in the
 25. present discussion. The League of Nations
 26. is an organization of states which is
 27. designed to maintain peace and to prevent
 28. war. It is a fact that the State of
 29. New York is a member of this organization.
 30. This is a fact which is of great
 31. importance in the present discussion.

1950

[illegible]

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 07-19-2001 BY SP-6 BJS/BJS

RECEIVED
JUL 19 2001

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1863. It is a very important document, as it is the first time that the President has addressed the Congress since the beginning of the Civil War. The letter discusses the state of the Union and the progress of the war.

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-078

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Editha Elizabeth ENNIS</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Dec. 27 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Boise</i> | a. County
<i>Ada Co.</i> | b. City or Town of Birth
<i>Boise</i> | |
| FATHER | 6. Full Name of Father
<i>John ENNIS</i> | | | | 7. State or Country of Father's Birth
<i>Ireland</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Editha Scott.</i> | | | | 9. State or Country of Mother's Birth
<i>United States - Illinois</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Editha E. Byers</i> | | 11. Present Address of Registrant
<i>15 Park St. Jersey N.J.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 8, 19 58</i> | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission NEW JERSEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires April 10, 1961
19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

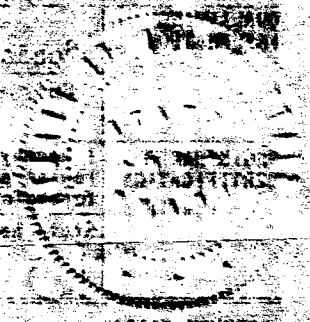
| | | | | | |
|--|--|-----------------------------|---|------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Church Record | | By whom issued and signed
First Presbyterian Church
Sioux City, Iowa | Date issued
11-10-58 | Date Orig. Entry
May 7, 1899 |
| | Date of Birth
Dec. 27,
1898 | Birth Place
---- | Full Name of Mother
Editha Ennis | Name of Father
John Ennis | |
| SUPPORTING
RECORD 2- | Type of Document
School Record | | By whom issued and signed
Central High School
Sioux City, Iowa | Date issued
11-3-58 | Date Orig. Entry
Sept. 1, 1911 |
| | Date of Birth
entrance age
15 yrs., 9 mos. | Birth Place
---- | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Employment Record | | By whom issued and signed
Calif. Dept. of Education,
Credentials Office; Sacramento, Calif. | Date issued
1-20-59 | Date Orig. Entry
May, 1927 |
| | Date of Birth
Dec. 27,
1898 | Birth Place
Boise, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| QUALIFYING
INFORMATION | Social Security Record, Treasury Dept., dated Sept. 9, 1943: birthplace-Boise, Idaho;
father-John Ennis; mother-Editha Scott. | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. C. Banton</i> | | Evidence reviewed by
nr Nancy Richards | Date Filed
Feb. 3, 1959 | |

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
BIRTH CERTIFICATE

FEB 3 1958



Form with multiple sections for birth information, including fields for name, date, place, and parental information. The form is filled out with handwritten text, which is mostly illegible due to the quality of the scan. Some legible text includes 'JANUARY 1958' and 'CHICAGO, ILLINOIS'.



695-108-037-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De 59-082**

| | | | | | | |
|---|--|------------------------------------|---|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Dee Jerome Winter | | | 2. Date Of Birth
July 8 1898 | | |
| | 3. Color or Race
White | 4. Sex
male | 5. Place of Birth
Owhyee | a. County

b. City or Town of Birth
Dairy | | |
| FATHER | 6. Full Name of Father
William Dee Winter | | | 7. State or Country of Father's Birth
Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Nellie Elizabeth Pitt | | | 9. State or Country of Mother's Birth
Washington | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>[Signature]</i> | | 11. Present Address of Registrant
Box 634 Jordan Valley, Ore. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 2</i> 19 <i>59</i> | | | 12. Signature of Notary
<i>Hazel L. Thurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28</i> 19 <i>60</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Application for Social Security Account Number, #519-07-0396 | | | By whom issued and signed
Treasury Department | | Date issued

Date Orig. Entry
2-16-1937 |
| | Date of Birth
July 8th, 1898 | Birth Place
Dairy, Idaho | Full Name of Mother
Nellie Elizabeth Pitt | | Name of Father
William D. Winter | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit for Marriage License (Photostatic Copy) | | | By whom issued and signed
H. S. Sackett, County Clerk Malheur County, Oregon | | Date issued

Date Orig. Entry
June 17, 1938 |
| | Date of Birth
Age 39 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3. | Type of Document
Age 74 Affidavit by a family friend | | | By whom issued and signed
Mrs. Mona Gusman | | Date issued
November 12, 1958
Date Orig. Entry |
| | Date of Birth
July 8th, 1898 | Birth Place
Deary, Idaho | Full Name of Mother
Nellie Elizabeth Winter | | Name of Father
William D. Winter | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W.W. Benson | | | Evidence reviewed by
Sharon E. Skaggs | | Date Filed
February 3, 1959 |

245-201-010-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-108

| | | | | | | |
|--|---|-------------------------|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Myrtle Alfina Sundquist</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Jan. 1 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Bonneville</i> | | a. County
<i>Idaho Falls</i> | |
| FATHER | 6. Full Name of Father
<i>Hans G. Sundquist</i> | | | | 7. State or Country of Father's Birth
<i>Sweden</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Hulda Anderson</i> | | | | 9. State or Country of Mother's Birth
<i>Sweden</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Myrtle A. Berggren</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 14 1959</i> | | | | 11. Present Address of Registrant
<i>Rt 1 Blackfoot, Idaho</i> | |
| | | | | | 12. Signature of Notary
<i>V. F. Wootton</i> | |
| | | | | | 13. Notary Commission expires
<i>June 1 1962</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>County Recorder's Office
Bingham County, Idaho</i> | | Date issued | Date Orig. Entry
<i>Feb. 5, 1926</i> |
| | Date of Birth
<i>age 28</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #186963</i> | | Date issued | Date Orig. Entry
<i>child born
Nov. 8, 1930</i> |
| | Date of Birth
<i>age 32</i> | Birth Place
<i>Idaho Falls,
Idaho</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Bible record--photostat</i> | | By whom issued and signed
<i>original viewed by Notary Public
V. F. Wootton; Blackfoot, Ida.</i> | | Date issued
<i>1-30-59</i> | Date Orig. Entry
<i>obviously old</i> |
| | Date of Birth
<i>Jan. 1,
1898</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>Hulda Sundquist</i> | | Name of Father
<i>Hans G. Sundquist</i> | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>nr Nancy Richards</i> | | Date Filed
<i>Feb. 11, 1959</i> | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-133
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | | |
|--|---|-----------------------|-------------------------------|-----------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Leon Haws</u> | | | | 2. Date
Of
Birth <u>May</u> <u>23</u> <u>1898</u>
(month) (day) (year) | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>male</u> | 5. Place of Birth
<u>T</u> | a. County
<u>Fremont</u> | b. City or Town of Birth
<u>Teton</u> | | |
| FATHER | 6. Full Name of Father
<u>Charles Henry Haws</u> | | | | 7. State or Country of Father's Birth
<u>Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Elizabeth Ann Richmond</u> | | | | 9. State or Country of Mother's Birth
<u>Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the
above statements are true to the
best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Leon Haws</u> | | 11. Present Address of Registrant
<u>611 1/2 Wayne, Pocatello, Ida.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 25</u> <u>1958</u> | | | | 12. Signature of Notary
<u>W. B. Clark</u> | | 13. Notary Commission expires
<u>Jan 7</u> <u>1962</u> |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|--|--|--|-------------------------------|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>Fremont Stake, Teton Ward
LDS Church</u> | | Date issued
<u>6-26-58</u> | Date Orig. Entry
prior to Dec. 31,
<u>1898</u> | |
| | Class* <u>A</u> | Date of Birth
<u>May 23,</u>
<u>1898</u> | Birth Place
<u>Fremont Co.</u>
<u>Teton, Idaho</u> | Full Name of Mother
<u>Elizabeth Richman</u> | | Name of Father
<u>Charles Haws</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Social Security Record</u> | | By whom issued and signed
<u>Treasury Dept.</u> | | Date issued | Date Orig. Entry
<u>Nov. 10, 1937</u> | |
| | Class <u>B</u> | Date of Birth
<u>May 23,</u>
<u>1898</u> | Birth Place
<u>Teton, Idaho</u> | Full Name of Mother
<u>Elizebeth Richmond</u> | | Name of Father
<u>Charles Haws</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>Pacific Life Benefit Assoc.</u> | | Date issued
<u>5-18-53</u> | Date Orig. Entry
<u>May 12, 1953</u> | |
| | Class <u>B</u> | Date of Birth
<u>May 23,</u>
<u>1898</u> | Birth Place
<u>---</u> | Full Name of Mother
<u>---</u> | | Name of Father
<u>---</u> | |
| QUALIFYING
INFORMATION | own child's birth certificate, Idaho #262082: age 39 as of Oct. 22, 1937; | | | | | | |
| | birthplace-Teton, Idaho. | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | | Evidence reviewed by
<u>Nancy Richards</u> | | Date Filed
<u>Feb. 18, 1959</u> | |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

DEB 18

27445 File No. 100-1000
Local Reg. No. 100-1000
Date of Birth 10-1-1900

| | | | | | |
|-----------------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Name of Child | 2. Sex | 3. Date of Birth | 4. Place of Birth | 5. Name of Mother | 6. Name of Father |
| John Doe | Male | 10-1-1900 | Wilmington, Delaware | John Doe | John Doe |
| 7. State of Birth | 8. Name of Mother | 9. Name of Father | 10. Name of Mother | 11. Name of Father | 12. Name of Mother |
| Delaware | John Doe | John Doe | John Doe | John Doe | John Doe |
| 13. Present Address of Registrant | 14. Signature of Registrant | 15. Signature of Mother | 16. Signature of Father | 17. Signature of Mother | 18. Signature of Father |
| 100-1000 | John Doe | John Doe | John Doe | John Doe | John Doe |

| | | | | | |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 19. Name of Mother | 20. Name of Father | 21. Name of Mother | 22. Name of Father | 23. Name of Mother | 24. Name of Father |
| John Doe | John Doe | John Doe | John Doe | John Doe | John Doe |
| 25. Name of Mother | 26. Name of Father | 27. Name of Mother | 28. Name of Father | 29. Name of Mother | 30. Name of Father |
| John Doe | John Doe | John Doe | John Doe | John Doe | John Doe |
| 31. Name of Mother | 32. Name of Father | 33. Name of Mother | 34. Name of Father | 35. Name of Mother | 36. Name of Father |
| John Doe | John Doe | John Doe | John Doe | John Doe | John Doe |

| | | | | | |
|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 37. Name of Mother | 38. Name of Father | 39. Name of Mother | 40. Name of Father | 41. Name of Mother | 42. Name of Father |
| John Doe | John Doe | John Doe | John Doe | John Doe | John Doe |
| 43. Name of Mother | 44. Name of Father | 45. Name of Mother | 46. Name of Father | 47. Name of Mother | 48. Name of Father |
| John Doe | John Doe | John Doe | John Doe | John Doe | John Doe |
| 49. Name of Mother | 50. Name of Father | 51. Name of Mother | 52. Name of Father | 53. Name of Mother | 54. Name of Father |
| John Doe | John Doe | John Doe | John Doe | John Doe | John Doe |

551-115-022-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-239

| | | | | | | | |
|--|---|-----------------------|---|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Edward Partington Evans</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>March 15 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Pratt Idaho Fremont</i> | | 6. City or Town of Birth
<i>Pratt</i> | | |
| FATHER | 6. Full Name of Father
<i>Edward L. Evans</i> | | | | 7. State or Country of Father's Birth
<i>Logan Cache Co. Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Alice Louisa Partington</i> | | | | 9. State or Country of Mother's Birth
<i>Logan Cache Co. Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edward L. Evans</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Feb 3, 1959</i> | | | | 11. Present Address of Registrant
<i>Sugar City, Idaho. (Rt 1.)</i> | | |
| | | | | | 12. Signature of Notary
<i>Vernon C. Mortensen</i> | | |
| | | | | | 13. Notary Commission expires
19__ | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>Affidavit by neighbor at time of birth, now stepmother</i> | | By whom issued and signed
(age 93)
<i>Annie Hansen Everson Evans</i> | | Date Issued
<i>12-9-58</i> | Date Orig. Entry |
| | Date of Birth
<i>March 15, 1898</i> | Birth Place
<i>Fremont Co. Pratt, Idaho</i> | Full Name of Mother
<i>Louisa Partington Evans</i> | | Name of Father
<i>Edward L. Evans</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Church Record--Baptism</i> | | By whom issued and signed
<i>Sugar Ward, N. Rexburg Stake LDS Church</i> | | Date Issued
<i>3-8-59</i> | Date Orig. Entry
<i>June 2, 1906</i> |
| | Date of Birth
<i>March 15, 1898</i> | Birth Place
<i>Fremont Co. Pratt, Idaho</i> | Full Name of Mother
<i>Alice L. Partington</i> | | Name of Father
<i>Edward L. Evans</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>School Record</i> | | By whom issued and signed
<i>Sugar-Salem Schools Sugar City, Idaho</i> | | Date Issued
<i>2-26-59</i> | Date Orig. Entry
<i>Sept. 28, 1911</i> |
| | Date of Birth
<i>March 15, 1898</i> | Birth Place
<i>Fremont Co. Pratt, Idaho</i> | Full Name of Mother
<i>Alice Louise Partington</i> | | Name of Father
<i>Edward L. Evans</i> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by

nr

Nancy Richards

Date Filed

March 18, 1959

843-210-006-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-252

| | | | | | | | |
|--|---|-------------------------|---|-----------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ELVA HULT | | | | 2. Date (month) (day) (year)
Of Birth Feb 10 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Shelley Bingham | a. County | b. City or Town of Birth
Shelley | | |
| FATHER | 6. Full Name of Father
Andrew HULT | | | | 7. State or Country of Father's Birth
Sweden | | |
| MOTHER | 8. Full Maiden Name of Mother
Carrie Blix | | | | 9. State or Country of Mother's Birth
Sweden | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Elva Whitcomb</i> | | 11. Present Address of Registrant
Kenn. Wash 1903W 15th Ave |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 12 1959 | | | | 12. Signature of Notary
<i>W. L. Woods</i> | | 13. Notary Commission expires
Oct 2 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|--|--------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Federal Census Record | | By whom issued and signed
Federal Census Bureau | Date issued
2-25-59 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Feb. 1898
(age 2) | Birth Place
Idaho | Full Name of Mother
Carrie Hult | Name of Father
Andrew Hult | |
| SUPPORTING
RECORD 2- | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date issued | Date Orig. Entry
April 15, 1942 |
| | Date of Birth
Feb. 10, 1898 | Birth Place
Bingham Co. Shelley, Idaho | Full Name of Mother
(unknown) | Name of Father
Andrew Hult | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed (amended)
Idaho #191879 as to child's birth year | Date issued
1-6-53 | Date Orig. Entry
child born Sept. 3, 1928 |
| | Date of Birth
age 30 | Birth Place
Idaho | Full Name of Mother | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

W. L. Benson

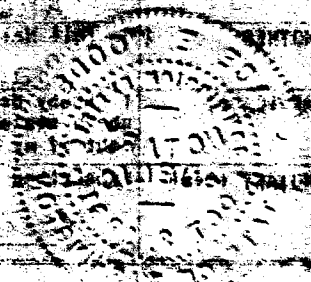
Nancy Richards

March 20, 1959

DELAID CERTIFICATE OF BIRTH STATE OF IDAHO

MAR 20 1956

| | | | |
|--|--|--|--|
| 1. Name of child at birth
ELVA HUIE | | 2. Sex
F | |
| 3. Date of birth
10 18 1948 | | 4. Place of birth
Idaho | |
| 5. Name of mother at birth
White, Elva Huiie | | 6. Name of father at birth
White, Elva Huiie | |
| 7. Name of mother at present
White, Elva Huiie | | 8. Name of father at present
White, Elva Huiie | |
| 9. State or County of mother's birth
Idaho | | 10. State or County of father's birth
Idaho | |
| 11. Present address of registrant
Idaho | | 12. Signature of mother
Idaho | |
| 13. Signature of father
Idaho | | 14. Signature of registrar
Idaho | |
| 15. Date of birth
Idaho | | 16. Date of death
Idaho | |
| 17. Name of mother
Idaho | | 18. Name of father
Idaho | |
| 19. Date issued
Idaho | | 20. Date of birth
Idaho | |
| 21. Name of father
Idaho | | 22. Name of mother
Idaho | |
| 23. Date issued
Idaho | | 24. Date of birth
Idaho | |
| 25. Name of father
Idaho | | 26. Name of mother
Idaho | |
| 27. Date issued
Idaho | | 28. Date of birth
Idaho | |
| 29. Name of father
Idaho | | 30. Name of mother
Idaho | |
| 31. Date issued
Idaho | | 32. Date of birth
Idaho | |
| 33. Name of father
Idaho | | 34. Name of mother
Idaho | |
| 35. Date issued
Idaho | | 36. Date of birth
Idaho | |
| 37. Name of father
Idaho | | 38. Name of mother
Idaho | |
| 39. Date issued
Idaho | | 40. Date of birth
Idaho | |
| 41. Name of father
Idaho | | 42. Name of mother
Idaho | |
| 43. Date issued
Idaho | | 44. Date of birth
Idaho | |
| 45. Name of father
Idaho | | 46. Name of mother
Idaho | |
| 47. Date issued
Idaho | | 48. Date of birth
Idaho | |
| 49. Name of father
Idaho | | 50. Name of mother
Idaho | |
| 51. Date issued
Idaho | | 52. Date of birth
Idaho | |
| 53. Name of father
Idaho | | 54. Name of mother
Idaho | |
| 55. Date issued
Idaho | | 56. Date of birth
Idaho | |
| 57. Name of father
Idaho | | 58. Name of mother
Idaho | |
| 59. Date issued
Idaho | | 60. Date of birth
Idaho | |
| 61. Name of father
Idaho | | 62. Name of mother
Idaho | |
| 63. Date issued
Idaho | | 64. Date of birth
Idaho | |
| 65. Name of father
Idaho | | 66. Name of mother
Idaho | |
| 67. Date issued
Idaho | | 68. Date of birth
Idaho | |
| 69. Name of father
Idaho | | 70. Name of mother
Idaho | |
| 71. Date issued
Idaho | | 72. Date of birth
Idaho | |
| 73. Name of father
Idaho | | 74. Name of mother
Idaho | |
| 75. Date issued
Idaho | | 76. Date of birth
Idaho | |
| 77. Name of father
Idaho | | 78. Name of mother
Idaho | |
| 79. Date issued
Idaho | | 80. Date of birth
Idaho | |
| 81. Name of father
Idaho | | 82. Name of mother
Idaho | |
| 83. Date issued
Idaho | | 84. Date of birth
Idaho | |
| 85. Name of father
Idaho | | 86. Name of mother
Idaho | |
| 87. Date issued
Idaho | | 88. Date of birth
Idaho | |
| 89. Name of father
Idaho | | 90. Name of mother
Idaho | |
| 91. Date issued
Idaho | | 92. Date of birth
Idaho | |
| 93. Name of father
Idaho | | 94. Name of mother
Idaho | |
| 95. Date issued
Idaho | | 96. Date of birth
Idaho | |
| 97. Name of father
Idaho | | 98. Name of mother
Idaho | |
| 99. Date issued
Idaho | | 100. Date of birth
Idaho | |



I hereby certify that the birth certificate has been filed in the Division of Vital Statistics for this State, and that the same is available for public inspection, and that the same is available for public inspection, and that the same is available for public inspection.

DATE: 10-18-1948
SIGNATURE: [illegible]
TITLE: REGISTRAR

795-273-044-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 59-294

| | | | | | | |
|--|--|---------------------------------------|--|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Enid Lucile Greene | | | | 2. Date (month) (day) (year)
Of Birth April 23, 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Washington | | b. City or Town of Birth
Salubria, | |
| FATHER | 6. Full Name of Father
Robert Hampton Greene | | | | 7. State or Country of Father's Birth
Spring Garden, Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Lillie May Imbler | | | | 9. State or Country of Mother's Birth
Imbler, Oregon | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Enid L. Baptie</i> | | 11. Present Address of Registrant
<i>King Hill Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 31 1959</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28 1960</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by Aunt | | By whom issued and signed
Mrs. L. Kathryn Greene Baker | | Date issued
March 2, 1959 | Date Orig. Entry |
| | Date of Birth
April 23, 1898 | Birth Place
Salubria, Idaho | Full Name of Mother
Lillie May Imbler Greene | | Name of Father
Robert Hampton Greene | |
| SUPPORTING
RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics, Idaho # 73935 | | Date issued | Date Orig. Entry
Child born May 1, 1919 |
| | Date of Birth
Age 21 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
Statement regarding application for membership | | By whom issued and signed
Royal Neighbors of America, by Katharine B. Dunn | | Date issued
March 23, 1959 | Date Orig. Entry
Dec. 2, 1924 |
| | Date of Birth
April 23, 1898 | Birth Place
Salubria, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W.W. Benson | | Evidence reviewed by
Sharon E. Skaggs | | | Date Filed
March 31, 1959 |

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD WELFARE

APR 1 1950

OCT 4 1950

MAY 4 1970

| | | | |
|--|--|---|--------------------------------------|
| 1. Name of child
LILLIE MAY GREENE | 2. Sex
Female | 3. Date of birth
April 23, 1933 | 4. Place of birth
California |
| 5. Name of mother
ROBERT HAMPTON GREENE | 6. Name of father
LILLIE MAY GREENE | 7. Address of mother
Spring Garden, Missouri | 8. Address of father
Washington |
| 9. Name of child
LILLIE MAY GREENE | 10. Sex
Female | 11. Date of birth
April 23, 1933 | 12. Place of birth
California |
| 13. Name of mother
ROBERT HAMPTON GREENE | 14. Name of father
LILLIE MAY GREENE | 15. Address of mother
Spring Garden, Missouri | 16. Address of father
Washington |
| 17. Name of child
LILLIE MAY GREENE | 18. Sex
Female | 19. Date of birth
April 23, 1933 | 20. Place of birth
California |
| 21. Name of mother
ROBERT HAMPTON GREENE | 22. Name of father
LILLIE MAY GREENE | 23. Address of mother
Spring Garden, Missouri | 24. Address of father
Washington |
| 25. Name of child
LILLIE MAY GREENE | 26. Sex
Female | 27. Date of birth
April 23, 1933 | 28. Place of birth
California |
| 29. Name of mother
ROBERT HAMPTON GREENE | 30. Name of father
LILLIE MAY GREENE | 31. Address of mother
Spring Garden, Missouri | 32. Address of father
Washington |
| 33. Name of child
LILLIE MAY GREENE | 34. Sex
Female | 35. Date of birth
April 23, 1933 | 36. Place of birth
California |
| 37. Name of mother
ROBERT HAMPTON GREENE | 38. Name of father
LILLIE MAY GREENE | 39. Address of mother
Spring Garden, Missouri | 40. Address of father
Washington |
| 41. Name of child
LILLIE MAY GREENE | 42. Sex
Female | 43. Date of birth
April 23, 1933 | 44. Place of birth
California |
| 45. Name of mother
ROBERT HAMPTON GREENE | 46. Name of father
LILLIE MAY GREENE | 47. Address of mother
Spring Garden, Missouri | 48. Address of father
Washington |
| 49. Name of child
LILLIE MAY GREENE | 50. Sex
Female | 51. Date of birth
April 23, 1933 | 52. Place of birth
California |
| 53. Name of mother
ROBERT HAMPTON GREENE | 54. Name of father
LILLIE MAY GREENE | 55. Address of mother
Spring Garden, Missouri | 56. Address of father
Washington |
| 57. Name of child
LILLIE MAY GREENE | 58. Sex
Female | 59. Date of birth
April 23, 1933 | 60. Place of birth
California |
| 61. Name of mother
ROBERT HAMPTON GREENE | 62. Name of father
LILLIE MAY GREENE | 63. Address of mother
Spring Garden, Missouri | 64. Address of father
Washington |
| 65. Name of child
LILLIE MAY GREENE | 66. Sex
Female | 67. Date of birth
April 23, 1933 | 68. Place of birth
California |
| 69. Name of mother
ROBERT HAMPTON GREENE | 70. Name of father
LILLIE MAY GREENE | 71. Address of mother
Spring Garden, Missouri | 72. Address of father
Washington |
| 73. Name of child
LILLIE MAY GREENE | 74. Sex
Female | 75. Date of birth
April 23, 1933 | 76. Place of birth
California |
| 77. Name of mother
ROBERT HAMPTON GREENE | 78. Name of father
LILLIE MAY GREENE | 79. Address of mother
Spring Garden, Missouri | 80. Address of father
Washington |
| 81. Name of child
LILLIE MAY GREENE | 82. Sex
Female | 83. Date of birth
April 23, 1933 | 84. Place of birth
California |
| 85. Name of mother
ROBERT HAMPTON GREENE | 86. Name of father
LILLIE MAY GREENE | 87. Address of mother
Spring Garden, Missouri | 88. Address of father
Washington |
| 89. Name of child
LILLIE MAY GREENE | 90. Sex
Female | 91. Date of birth
April 23, 1933 | 92. Place of birth
California |
| 93. Name of mother
ROBERT HAMPTON GREENE | 94. Name of father
LILLIE MAY GREENE | 95. Address of mother
Spring Garden, Missouri | 96. Address of father
Washington |
| 97. Name of child
LILLIE MAY GREENE | 98. Sex
Female | 99. Date of birth
April 23, 1933 | 100. Place of birth
California |
| 101. Name of mother
ROBERT HAMPTON GREENE | 102. Name of father
LILLIE MAY GREENE | 103. Address of mother
Spring Garden, Missouri | 104. Address of father
Washington |
| 105. Name of child
LILLIE MAY GREENE | 106. Sex
Female | 107. Date of birth
April 23, 1933 | 108. Place of birth
California |
| 109. Name of mother
ROBERT HAMPTON GREENE | 110. Name of father
LILLIE MAY GREENE | 111. Address of mother
Spring Garden, Missouri | 112. Address of father
Washington |
| 113. Name of child
LILLIE MAY GREENE | 114. Sex
Female | 115. Date of birth
April 23, 1933 | 116. Place of birth
California |
| 117. Name of mother
ROBERT HAMPTON GREENE | 118. Name of father
LILLIE MAY GREENE | 119. Address of mother
Spring Garden, Missouri | 120. Address of father
Washington |
| 121. Name of child
LILLIE MAY GREENE | 122. Sex
Female | 123. Date of birth
April 23, 1933 | 124. Place of birth
California |
| 125. Name of mother
ROBERT HAMPTON GREENE | 126. Name of father
LILLIE MAY GREENE | 127. Address of mother
Spring Garden, Missouri | 128. Address of father
Washington |
| 129. Name of child
LILLIE MAY GREENE | 130. Sex
Female | 131. Date of birth
April 23, 1933 | 132. Place of birth
California |
| 133. Name of mother
ROBERT HAMPTON GREENE | 134. Name of father
LILLIE MAY GREENE | 135. Address of mother
Spring Garden, Missouri | 136. Address of father
Washington |
| 137. Name of child
LILLIE MAY GREENE | 138. Sex
Female | 139. Date of birth
April 23, 1933 | 140. Place of birth
California |
| 141. Name of mother
ROBERT HAMPTON GREENE | 142. Name of father
LILLIE MAY GREENE | 143. Address of mother
Spring Garden, Missouri | 144. Address of father
Washington |
| 145. Name of child
LILLIE MAY GREENE | 146. Sex
Female | 147. Date of birth
April 23, 1933 | 148. Place of birth
California |
| 149. Name of mother
ROBERT HAMPTON GREENE | 150. Name of father
LILLIE MAY GREENE | 151. Address of mother
Spring Garden, Missouri | 152. Address of father
Washington |
| 153. Name of child
LILLIE MAY GREENE | 154. Sex
Female | 155. Date of birth
April 23, 1933 | 156. Place of birth
California |
| 157. Name of mother
ROBERT HAMPTON GREENE | 158. Name of father
LILLIE MAY GREENE | 159. Address of mother
Spring Garden, Missouri | 160. Address of father
Washington |
| 161. Name of child
LILLIE MAY GREENE | 162. Sex
Female | 163. Date of birth
April 23, 1933 | 164. Place of birth
California |
| 165. Name of mother
ROBERT HAMPTON GREENE | 166. Name of father
LILLIE MAY GREENE | 167. Address of mother
Spring Garden, Missouri | 168. Address of father
Washington |
| 169. Name of child
LILLIE MAY GREENE | 170. Sex
Female | 171. Date of birth
April 23, 1933 | 172. Place of birth
California |
| 173. Name of mother
ROBERT HAMPTON GREENE | 174. Name of father
LILLIE MAY GREENE | 175. Address of mother
Spring Garden, Missouri | 176. Address of father
Washington |
| 177. Name of child
LILLIE MAY GREENE | 178. Sex
Female | 179. Date of birth
April 23, 1933 | 180. Place of birth
California |
| 181. Name of mother
ROBERT HAMPTON GREENE | 182. Name of father
LILLIE MAY GREENE | 183. Address of mother
Spring Garden, Missouri | 184. Address of father
Washington |
| 185. Name of child
LILLIE MAY GREENE | 186. Sex
Female | 187. Date of birth
April 23, 1933 | 188. Place of birth
California |
| 189. Name of mother
ROBERT HAMPTON GREENE | 190. Name of father
LILLIE MAY GREENE | 191. Address of mother
Spring Garden, Missouri | 192. Address of father
Washington |
| 193. Name of child
LILLIE MAY GREENE | 194. Sex
Female | 195. Date of birth
April 23, 1933 | 196. Place of birth
California |
| 197. Name of mother
ROBERT HAMPTON GREENE | 198. Name of father
LILLIE MAY GREENE | 199. Address of mother
Spring Garden, Missouri | 200. Address of father
Washington |

593-201-001-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 59-356

| | | | | | |
|--|--|---|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Teresa Villeneuve | | | 2. Date of Birth
June 1 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
a. County Ada | b. City or Town of Birth
Boise, Idaho | |
| FATHER | 6. Full Name of Father
Charles Villeneuve | | | 7. State or Country of Father's Birth
Canada | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Isabelle Anderson | | | 9. State or Country of Mother's Birth
United States | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Teresa Villeneuve</i> | 11. Present Address of Registrant
604 E. Jefferson St.,
Boise, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Apr 17</i> 19 <i>59</i> | | | 12. Signature of Notary
<i>Et Duman</i> | 13. Notary Commission expires
<i>Feb. 15</i> 19 <i>62</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Photostatic copy of church certificate of baptism | | By whom issued and signed
Rev. K.F. Rowe, Pastor of St. John's Cathedral, Boise | | Date issued
February 16, 1948 |
| | Date of Birth
June 1, 1898 | Birth Place
-- | Full Name of Mother
Martha Anderson | | Date Orig. Entry
Baptized on Nov. 16, 1898 |
| SUPPORTING RECORD 2. | Type of Document
Application for Social Security Account Number 519-12-7073 | | By whom issued and signed
Treasury Department | | Date issued |
| | Date of Birth
June 1, 1898 | Birth Place
Boise, Ada County, Idaho | Full Name of Mother
Martha Isabelle Anderson | | Date Orig. Entry
Aug. 22, 1939 |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by First Cousin, Age 77 | | By whom issued and signed
Bessie M. Pfost | | Date issued
April 22, 1959 |
| | Date of Birth
June 1, 1898 | Birth Place
Boise, Ada County, Idaho | Full Name of Mother
Martha Anderson Villeneuve | | Date Orig. Entry
Charles Villeneuve |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W.W. Benson | | Evidence reviewed by
Sharon E. Skaggs | | Date Filed
April 23, 1959 |

028-92 20 0117 3752

[illegible]

RECEIVED
JAN 10 1952
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

[Illegible text block]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-374
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|---|---|-------------------------|-------------------------------------|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Phoebe Alice Croxall</u> | | | 2. Date (month) (day) (year)
Of Birth <u>Jan 17-1898</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Bannock</u> | 6. City or Town of Birth
<u>Pocatello</u> | | |
| FATHER | 6. Full Name of Father
<u>Joseph H. Croxall</u> | | | 7. State or Country of Father's Birth
<u>Staffordshire - England</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Phoebe Lilly (Croxall) Plant</u> | | | 9. State or Country of Mother's Birth
<u>Salt Lake City, Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Phoebe Larnsworth</u> | | 11. Present Address of Registrant
<u>5440 4th Pocatello</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 26-1958</u> | | | 12. Signature of Notary
<u>E. V. Lundgren</u> | | 13. Notary Commission expires
<u>Sept 9-1958</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Church Record--Blessing</u> | | By whom issued and signed
<u>IDS Church</u>
<u>Salt Lake City, Utah</u> | Date Issued
<u>5-5-53</u> | Date Orig. Entry
<u>Feb. 26, 1903</u> |
| | Date of Birth
<u>Jan. 17, 1898</u> | Birth Place
<u>Pocatello, Idaho</u> | Full Name of Mother
<u>Phoebe Lilly Plant</u> | Name of Father
<u>Joseph Hyrum Croxall</u> | |
| SUPPORTING RECORD 2. | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #34390</u> | Date issued
<u>child born</u>
<u>Oct. 28, 1915</u> | Date Orig. Entry
<u>Oct. 28, 1915</u> |
| | Date of Birth
<u>age 17</u> | Birth Place
<u>Pocatello, Idaho</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>----</u> | |
| SUPPORTING RECORD 3. | Type of Document
<u>Marriage Record</u> | | By whom issued and signed
<u>Bannock Co., Idaho</u> | Date issued
<u>4-8-59</u> | Date Orig. Entry
<u>April 3, 1915</u> |
| | Date of Birth
<u>will be 18 on Jan. 17, 1916</u> | Birth Place
<u>----</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>J. H. Croxall</u> | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|-------------------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Brown</u> | Evidence reviewed by
<u>Nancy Richards</u>
nr | Date Filed
<u>April 27, 1959</u> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 27 1960

STATE OF IOWA
DEPARTMENT OF HEALTH

STATE OF IOWA
DEPARTMENT OF HEALTH

| PATIENT INFORMATION | | BIRTH INFORMATION | | MOTHER INFORMATION | | FATHER INFORMATION | |
|--|---------------|---------------------------|----------------|--------------------|---------------|--------------------|---------------|
| NAME | DATE OF BIRTH | DATE OF BIRTH | PLACE OF BIRTH | NAME | DATE OF BIRTH | NAME | DATE OF BIRTH |
| JOHN J. BROWN | 10-15-1935 | 10-15-1935 | ST. LOUIS, MO. | MARY J. BROWN | 08-20-1910 | JOHN J. BROWN | 05-10-1905 |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | BY WHOM ISSUED AND SIGNED | | DATE OF BIRTH | | DATE OF BIRTH | |
| JAMES J. BROWN | | JAMES J. BROWN | | 10-15-1935 | | 10-15-1935 | |
| Full Name of Mother | | Full Name of Mother | | Date of Birth | | Date of Birth | |
| MARY J. BROWN | | MARY J. BROWN | | 08-20-1910 | | 08-20-1910 | |
| By whom issued and signed | | By whom issued and signed | | Date of Birth | | Date of Birth | |
| JAMES J. BROWN | | JAMES J. BROWN | | 10-15-1935 | | 10-15-1935 | |
| Full Name of Mother | | Full Name of Mother | | Date of Birth | | Date of Birth | |
| MARY J. BROWN | | MARY J. BROWN | | 08-20-1910 | | 08-20-1910 | |
| By whom issued and signed | | By whom issued and signed | | Date of Birth | | Date of Birth | |
| JAMES J. BROWN | | JAMES J. BROWN | | 10-15-1935 | | 10-15-1935 | |
| Full Name of Mother | | Full Name of Mother | | Date of Birth | | Date of Birth | |
| MARY J. BROWN | | MARY J. BROWN | | 08-20-1910 | | 08-20-1910 | |



491-222-036-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-425

| | | | | | | |
|--|---|-------------------------|------------------------------------|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Mary Leona Draper | | | | 2. Date of Birth
Month May Day 22 Year 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Oneida | 6. City or Town of Birth
Rockland | | |
| FATHER | 6. Full Name of Father
Josiah Draper | | | | 7. State or Country of Father's Birth
Easterton, Wilts England | |
| MOTHER | 8. Full Maiden Name of Mother
Harriet Emma Burgess | | | | 9. State or Country of Mother's Birth
Arckston Wilts, England | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mary Leona Anderson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 4</i> 1959 | | | | 11. Present Address of Registrant
497 S.E. Main Street
Blackfoot, Idaho | |
| | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | | | 13. Notary Commission expires
<i>Sept 28</i> 1960 | |

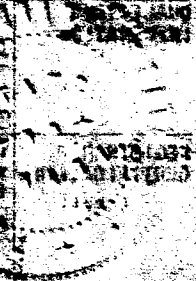
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---------------------------------------|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Photostatic copy of own
child's birth certificate | | By whom issued and signed
Idaho #142624 | | Date Issued | Date Orig. Entry
Child born
June 22, 1926 |
| | Date of Birth
Age 28 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
Statement regarding
hospital record | | By whom issued and signed
Grant C. Burgon, Administrator
Idaho Falls Hospital | | Date Issued
April 22,
1959 | Date Orig. Entry
June 2,
1943 |
| | Date of Birth
Age 45 | Birth Place
-- | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3. | Type of Document
Church Record | | By whom issued and signed
(Hill Spring Ward, Alberta Stake)
LDS Church, Salt Lake City | | Date Issued
5-8-59 | Date Orig. Entry
Aug. 4, 1907 |
| | Date of Birth
May 22,
1898 | Birth Place
Rockland, Idaho | Full Name of Mother
Harriet Burgess | | Name of Father
Josiah Draper | |
| QUALIFYING
INFORMATION | Insurance policy, issued by Metropolitan Life Insurance Company, dated Aug. 27, 1923,
gives age as 26 years(as of next birthday) | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Nancy Richards | | Date Filed
May 19, 1959 | |

STATE OF IDAHO CERTIFICATE OF BIRTH

MAY 19 1959

| | | | |
|--|--|---|--|
| 1. Name of child
IDAHO #14232A | | 2. Date of birth
June 22, 1958 | |
| 3. Sex
Male | | 4. Race
White | |
| 5. Place of birth
Boise, Idaho | | 6. Name of mother
IDAHO #14232A | |
| 7. Name of father
IDAHO #14232A | | 8. Name of mother at birth
IDAHO #14232A | |
| 9. Name of father at birth
IDAHO #14232A | | 10. Name of mother at birth
IDAHO #14232A | |
| 11. Name of father at birth
IDAHO #14232A | | 12. Name of mother at birth
IDAHO #14232A | |
| 13. Name of father at birth
IDAHO #14232A | | 14. Name of mother at birth
IDAHO #14232A | |
| 15. Name of father at birth
IDAHO #14232A | | 16. Name of mother at birth
IDAHO #14232A | |
| 17. Name of father at birth
IDAHO #14232A | | 18. Name of mother at birth
IDAHO #14232A | |
| 19. Name of father at birth
IDAHO #14232A | | 20. Name of mother at birth
IDAHO #14232A | |
| 21. Name of father at birth
IDAHO #14232A | | 22. Name of mother at birth
IDAHO #14232A | |
| 23. Name of father at birth
IDAHO #14232A | | 24. Name of mother at birth
IDAHO #14232A | |
| 25. Name of father at birth
IDAHO #14232A | | 26. Name of mother at birth
IDAHO #14232A | |
| 27. Name of father at birth
IDAHO #14232A | | 28. Name of mother at birth
IDAHO #14232A | |
| 29. Name of father at birth
IDAHO #14232A | | 30. Name of mother at birth
IDAHO #14232A | |
| 31. Name of father at birth
IDAHO #14232A | | 32. Name of mother at birth
IDAHO #14232A | |
| 33. Name of father at birth
IDAHO #14232A | | 34. Name of mother at birth
IDAHO #14232A | |
| 35. Name of father at birth
IDAHO #14232A | | 36. Name of mother at birth
IDAHO #14232A | |
| 37. Name of father at birth
IDAHO #14232A | | 38. Name of mother at birth
IDAHO #14232A | |
| 39. Name of father at birth
IDAHO #14232A | | 40. Name of mother at birth
IDAHO #14232A | |
| 41. Name of father at birth
IDAHO #14232A | | 42. Name of mother at birth
IDAHO #14232A | |
| 43. Name of father at birth
IDAHO #14232A | | 44. Name of mother at birth
IDAHO #14232A | |
| 45. Name of father at birth
IDAHO #14232A | | 46. Name of mother at birth
IDAHO #14232A | |
| 47. Name of father at birth
IDAHO #14232A | | 48. Name of mother at birth
IDAHO #14232A | |
| 49. Name of father at birth
IDAHO #14232A | | 50. Name of mother at birth
IDAHO #14232A | |
| 51. Name of father at birth
IDAHO #14232A | | 52. Name of mother at birth
IDAHO #14232A | |
| 53. Name of father at birth
IDAHO #14232A | | 54. Name of mother at birth
IDAHO #14232A | |
| 55. Name of father at birth
IDAHO #14232A | | 56. Name of mother at birth
IDAHO #14232A | |
| 57. Name of father at birth
IDAHO #14232A | | 58. Name of mother at birth
IDAHO #14232A | |
| 59. Name of father at birth
IDAHO #14232A | | 60. Name of mother at birth
IDAHO #14232A | |
| 61. Name of father at birth
IDAHO #14232A | | 62. Name of mother at birth
IDAHO #14232A | |
| 63. Name of father at birth
IDAHO #14232A | | 64. Name of mother at birth
IDAHO #14232A | |
| 65. Name of father at birth
IDAHO #14232A | | 66. Name of mother at birth
IDAHO #14232A | |
| 67. Name of father at birth
IDAHO #14232A | | 68. Name of mother at birth
IDAHO #14232A | |
| 69. Name of father at birth
IDAHO #14232A | | 70. Name of mother at birth
IDAHO #14232A | |
| 71. Name of father at birth
IDAHO #14232A | | 72. Name of mother at birth
IDAHO #14232A | |
| 73. Name of father at birth
IDAHO #14232A | | 74. Name of mother at birth
IDAHO #14232A | |
| 75. Name of father at birth
IDAHO #14232A | | 76. Name of mother at birth
IDAHO #14232A | |
| 77. Name of father at birth
IDAHO #14232A | | 78. Name of mother at birth
IDAHO #14232A | |
| 79. Name of father at birth
IDAHO #14232A | | 80. Name of mother at birth
IDAHO #14232A | |
| 81. Name of father at birth
IDAHO #14232A | | 82. Name of mother at birth
IDAHO #14232A | |
| 83. Name of father at birth
IDAHO #14232A | | 84. Name of mother at birth
IDAHO #14232A | |
| 85. Name of father at birth
IDAHO #14232A | | 86. Name of mother at birth
IDAHO #14232A | |
| 87. Name of father at birth
IDAHO #14232A | | 88. Name of mother at birth
IDAHO #14232A | |
| 89. Name of father at birth
IDAHO #14232A | | 90. Name of mother at birth
IDAHO #14232A | |
| 91. Name of father at birth
IDAHO #14232A | | 92. Name of mother at birth
IDAHO #14232A | |
| 93. Name of father at birth
IDAHO #14232A | | 94. Name of mother at birth
IDAHO #14232A | |
| 95. Name of father at birth
IDAHO #14232A | | 96. Name of mother at birth
IDAHO #14232A | |
| 97. Name of father at birth
IDAHO #14232A | | 98. Name of mother at birth
IDAHO #14232A | |
| 99. Name of father at birth
IDAHO #14232A | | 100. Name of mother at birth
IDAHO #14232A | |



Insurance policy, issued by Metropolitan Life Insurance Company, dated Aug 21, 1958

Child was born at home of mother, IDAHO #14232A, on June 22, 1958, at Boise, Idaho.

Child was born at home of mother, IDAHO #14232A, on June 22, 1958, at Boise, Idaho.

413-228-006-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-457

| | | | | | | | |
|--|---|------------------|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Cora Belle Mackie | | | | 2. Date (month) (day) (year)
Of Birth Jan 28 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bingham | | b. City or Town of Birth
Blackfoot | | |
| FATHER | 6. Full Name of Father
James Mackie | | | | 7. State or Country of Father's Birth
Maryland | | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Drew | | | | 9. State or Country of Mother's Birth
Scotland | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Cora M. Bithell</i> | | 11. Present Address of Registrant
R #3, Blackfoot, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 7</i> 19 <i>59</i> | | | | 12. Signature of Notary
<i>Norden L. Bithell</i> | | 13. Notary Commission expires
<i>January</i> 19 <i>63</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---------------------------------|--|--|--------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1- | Type of Document (born 1-2-1875)
Affidavit by relative | | By whom issued and signed
Lena Olsen Drew | | Date issued
5-23-59 | Date Orig. Entry |
| | Date of Birth
Jan. 28, 1898 | Birth Place
Blackfoot, Idaho | Full Name of Mother
Anna Drew | | Name of Father
James Mackie | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Application | | By whom issued and signed
Idaho Mutual Benefit Assoc. | | Date issued | Date Orig. Entry
June 1, 1942 |
| | Date of Birth
Jan. 28, 1898 | Birth Place
Blackfoot, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Marriage Record | | By whom issued and signed
Bonneville Co., Idaho | | Date issued
4-8-59 | Date Orig. Entry
June 24, 1920 |
| | Date of Birth
age 22 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
May 27, 1959 | |

1 COPY paid

UNITED STATES OF AMERICA

MAY 28 1959

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

County of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York



| Name | Address | City | State | Zip |
|-----------------|---------------|----------|-------|-------|
| John Doe | 123 Main St | New York | NY | 10001 |
| Jane Smith | 456 Elm St | New York | NY | 10002 |
| Robert Johnson | 789 Oak St | New York | NY | 10003 |
| Mary White | 101 Pine St | New York | NY | 10004 |
| James Brown | 202 Cedar St | New York | NY | 10005 |
| Elizabeth Black | 303 Birch St | New York | NY | 10006 |
| William Green | 404 Spruce St | New York | NY | 10007 |



State of New York

County of New York

City of New York

713-101-035-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-486

| | | | | |
|---|--|-----------------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Clinton Lee Patton</u> | | 2. Date of Birth (month) (day) (year)
<u>June 1 1898</u> | |
| FATHER | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth a. County
<u>Nez Perce (now Lewis County)</u> | 6. Full Name of Father
<u>William Augustus Patton</u> |
| MOTHER | 8. Full Maiden Name of Mother
<u>MaryAnn Elizabeth Morgan</u> | | 7. State or Country of Father's Birth
<u>Leicester, North Carolina</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<u>Clinton Lee Patton</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>May 18, 1959</u> | | 11. Present Address of Registrant
<u>Craigmont, Idaho</u> | |
| | | | 12. Signature of Notary
<u>Robert K. Thum</u> | |
| | | | 13. Notary Commission expires
<u>October 17, 1960</u> | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | |
| SUPPORTING RECORD 1- | Type of Document
<u>Family Record</u> | | By whom issued and signed
<u>original viewed by Bureau of Vital Statistics</u> | |
| | Date of Birth
<u>June 1, 1898</u> | Birth Place
<u>----</u> | Date issued
<u>5-26-59</u> | |
| | Full Name of Mother
<u>M. A. Morgan</u> | | Date Orig. Entry
<u>obviously old</u> | |
| SUPPORTING RECORD 2- | Type of Document
<u>Voting Registration Record</u> | | By whom issued and signed
<u>Lewis Co. District Court Nezperce, Idaho</u> | |
| | Date of Birth
<u>age 28</u> | Birth Place
<u>Idaho</u> | Date issued
<u>1-21-59</u> | |
| | Full Name of Mother
<u>-----</u> | | Date Orig. Entry
<u>July 24, 1926</u> | |
| SUPPORTING RECORD 3- | Type of Document
<u>own child's birth certificate</u> | | By whom issued and signed
<u>Idaho #113861</u> | |
| | Date of Birth
<u>age 25</u> | Birth Place
<u>Idaho</u> | Date issued
<u>-----</u> | |
| | Full Name of Mother
<u>-----</u> | | Date Orig. Entry
<u>child born June 27, 1923</u> | |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Mr. Nancy Richards</u> | |
| | | | Date Filed
<u>June 4, 1959</u> | |

JUN 4 1979

| | | | |
|---|--|--|--|
| <p>1. Name of person: W. A. Patton</p> <p>2. Date of birth: 1-27-22</p> <p>3. Place of birth: North Carolina</p> <p>4. Date of death: 1-27-22</p> <p>5. Cause of death: Heart of Father</p> <p>6. Date of burial: 1-27-22</p> <p>7. Place of burial: North Carolina</p> <p>8. Name of funeral home: W. A. Patton</p> <p>9. Date of funeral: 1-27-22</p> <p>10. Place of funeral: North Carolina</p> | <p>11. Name of person: W. A. Patton</p> <p>12. Date of birth: 1-27-22</p> <p>13. Place of birth: North Carolina</p> <p>14. Date of death: 1-27-22</p> <p>15. Cause of death: Heart of Father</p> <p>16. Date of burial: 1-27-22</p> <p>17. Place of burial: North Carolina</p> <p>18. Name of funeral home: W. A. Patton</p> <p>19. Date of funeral: 1-27-22</p> <p>20. Place of funeral: North Carolina</p> | <p>21. Name of person: W. A. Patton</p> <p>22. Date of birth: 1-27-22</p> <p>23. Place of birth: North Carolina</p> <p>24. Date of death: 1-27-22</p> <p>25. Cause of death: Heart of Father</p> <p>26. Date of burial: 1-27-22</p> <p>27. Place of burial: North Carolina</p> <p>28. Name of funeral home: W. A. Patton</p> <p>29. Date of funeral: 1-27-22</p> <p>30. Place of funeral: North Carolina</p> | <p>31. Name of person: W. A. Patton</p> <p>32. Date of birth: 1-27-22</p> <p>33. Place of birth: North Carolina</p> <p>34. Date of death: 1-27-22</p> <p>35. Cause of death: Heart of Father</p> <p>36. Date of burial: 1-27-22</p> <p>37. Place of burial: North Carolina</p> <p>38. Name of funeral home: W. A. Patton</p> <p>39. Date of funeral: 1-27-22</p> <p>40. Place of funeral: North Carolina</p> |
|---|--|--|--|

695-224-001-544

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-493

| | | | | | | | |
|--|---|-------------------------|---------------------------------|-------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Nellie Melvina Fincher | | | | 2. Date (month) (day) (year)
Of Birth September 24 1898 | | |
| | 3. Color or Race
White | 4. Sex
female | 5. Place of Birth
Ada | a. County
Ada | | | |
| FATHER | 6. Full Name of Father
John Wesley Fincher | | | | 7. State or Country of Father's Birth
Little Rock, Arkansas | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Emmaline Emmerson | | | | 9. State or Country of Mother's Birth | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Nellie Melvina Fincher</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>June 8 1959</i> | | | | 11. Present Address of Registrant
<i>PO Box 783 Nampan, Idaho</i> | | |
| | | | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | |
| | | | | | 13. Notary Commission expires
<i>Sept. 28 1960</i> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|-----------------------------------|--|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics,
Idaho 105085 | | Date issued | Date Orig. Entry
Child born
July 30, 1922 | |
| | Date of Birth
Age 23 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING
RECORD 2. | Type of Document
Bible Record | | By whom issued and signed | | Date issued | Date Orig. Entry
Obviously old | |
| | Date of Birth
Sept. 24,
1898 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by Mother | | By whom issued and signed
Mary Emmaline Fincher | | Date issued
May 11,
1959 | Date Orig. Entry
-- | |
| | Date of Birth
September
24, 1898 | Birth Place
Star, Idaho | Full Name of Mother
Mary Emmaline Emmerson Fincher | | Name of Father
John Wesley Fincher | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
ses Joyce B. Foltz | | | Date Filed
June 8, 1959 | |

DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

2-1972

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

1898

SEX

AGE

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

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253-112-028-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 59-525

| | | | | | | |
|---|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Ralph Waldo Kellom</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>December 12,</u> <u>1898</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth a. County
<u>Kootenai</u> | | b. City or Town of Birth
<u>Hauser (mailing address Post Falls)</u> | |
| FATHER | 6. Full Name of Father
<u>Edgar Delos Kellom</u> | | | | 7. State or Country of Father's Birth
<u>Wisconsin</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Effie Glasspoole</u> | | | | 9. State or Country of Mother's Birth
<u>Wisconsin</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>R.W. Kellom</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 16</u> <u>1959</u> | | | | 11. Present Address of Registrant
<u>Homedale, Idaho</u> | |
| | 12. Signature of Notary
<u>Hazel L. Shulbert</u> | | | | 13. Notary Commission expires
<u>Sept. 28</u> <u>1960</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|--|--|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
Application for Social Security Account # <u>538-09-3909</u> | | By whom issued and signed
<u>Treasury Department</u> | | Date issued | Date Orig. Entry
<u>Oct. 22,</u>
<u>1937</u> |
| | Date of Birth
<u>12-12-98</u> | Birth Place
<u>Post Falls, Idaho</u> | Full Name of Mother
<u>Effie Glasspoole</u> | | Name of Father
<u>Edgar Delos Kellom</u> | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by Aunt, Age 76 | | By whom issued and signed
<u>Mamie G. Parmeter</u> | | Date issued
<u>May 8,</u>
<u>1959</u> | Date Orig. Entry |
| | Date of Birth
<u>Dec. 12,</u>
<u>1898</u> | Birth Place
<u>Hauser Junction,</u>
<u>Idaho</u> | Full Name of Mother
<u>Effie Glasspoole</u> | | Name of Father
<u>Edgar D. Kellom</u> | |
| SUPPORTING RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
<u>On file Vital Statistics,</u>
<u>Idaho 143117</u> | | Date issued | Date Orig. Entry
<u>child born</u>
<u>July 12, 1926</u> |
| | Date of Birth
<u>Age 27</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>--</u> | | Name of Father
<u>--</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W.W. Benson</u> | Evidence reviewed by
<u>Sharon E. Skaggs</u> | Date Filed
<u>June 16, 1959</u> |

855-229-022-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-530

| | | | | | | |
|--|---|------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Afton Henderson | | | | 2. Date (month) (day) (year)
Of Birth January 29 1898 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
Fremont | | b. City or Town of Birth
Teton, Idaho | |
| FATHER | 6. Full Name of Father
Samuel Oscar Henderson | | | | 7. State or Country of Father's Birth
Kaysville, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Isabelle McKinlay | | | | 9. State or Country of Mother's Birth
Scotland | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Afton Jensen</i> | | 11. Present Address of Registrant
229 West Main
St. Anthony, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 23 1959 | | | 12. Signature of Notary
<i>John M. Shays</i> | | 13. Notary Commission expires
December 15 1960 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
Family Record | | By whom issued and signed
original viewed by Bureau of
Vital Statistics | | Date issued
3-30-59 | Date Orig. Entry
old record |
| | Date of Birth
Jan. 29,
1898 | Birth Place
Fremont Co.
Teton, Idaho | Full Name of Mother (born-Scotland)
Isabelle McKinlay | | Name of Father (born-Kaysville,
Samuel (born-Kaysville,
Oscar Henderson Utah) | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #158727 | | Date issued | Date Orig. Entry
child born
Jan. 15, 1928 |
| | Date of Birth
age 29 | Birth Place
(State not shown)
Teton | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by aunt, age 82 | | By whom issued and signed
Margaret McKinley Jensen | | Date issued
6-15-59 | Date Orig. Entry |
| | Date of Birth
Jan. 29,
1898 | Birth Place
(State not shown)
Teton City | Full Name of Mother Rexburg, Idaho
Isabell McKinley Henderson | | Name of Father
Samuel Oscar Henderson | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
June 17, 1959 | |

COPY paid

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

JUN 17 1950

NOV 26 1950

| | | | | | | | | | |
|-----------------------------|-------------------|--------------------|---------|-----------|------------|------------|----------|----------|-------------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Sex | 5. Color | 6. Height | 7. Weight | 8. Eyes | 9. Hair | 10. Signature of parent |
| 11. Name of mother at birth | 12. Date of birth | 13. Place of birth | 14. Sex | 15. Color | 16. Height | 17. Weight | 18. Eyes | 19. Hair | 20. Signature of mother |
| 21. Name of father at birth | 22. Date of birth | 23. Place of birth | 24. Sex | 25. Color | 26. Height | 27. Weight | 28. Eyes | 29. Hair | 30. Signature of father |
| 31. Name of child at birth | 32. Date of birth | 33. Place of birth | 34. Sex | 35. Color | 36. Height | 37. Weight | 38. Eyes | 39. Hair | 40. Signature of parent |
| 41. Name of mother at birth | 42. Date of birth | 43. Place of birth | 44. Sex | 45. Color | 46. Height | 47. Weight | 48. Eyes | 49. Hair | 50. Signature of mother |
| 51. Name of father at birth | 52. Date of birth | 53. Place of birth | 54. Sex | 55. Color | 56. Height | 57. Weight | 58. Eyes | 59. Hair | 60. Signature of father |

| | | | | | | | | | |
|------------------------------|--------------------|---------------------|----------|------------|-------------|-------------|-----------|-----------|--------------------------|
| 61. Name of child at birth | 62. Date of birth | 63. Place of birth | 64. Sex | 65. Color | 66. Height | 67. Weight | 68. Eyes | 69. Hair | 70. Signature of parent |
| 71. Name of mother at birth | 72. Date of birth | 73. Place of birth | 74. Sex | 75. Color | 76. Height | 77. Weight | 78. Eyes | 79. Hair | 80. Signature of mother |
| 81. Name of father at birth | 82. Date of birth | 83. Place of birth | 84. Sex | 85. Color | 86. Height | 87. Weight | 88. Eyes | 89. Hair | 90. Signature of father |
| 91. Name of child at birth | 92. Date of birth | 93. Place of birth | 94. Sex | 95. Color | 96. Height | 97. Weight | 98. Eyes | 99. Hair | 100. Signature of parent |
| 101. Name of mother at birth | 102. Date of birth | 103. Place of birth | 104. Sex | 105. Color | 106. Height | 107. Weight | 108. Eyes | 109. Hair | 110. Signature of mother |
| 111. Name of father at birth | 112. Date of birth | 113. Place of birth | 114. Sex | 115. Color | 116. Height | 117. Weight | 118. Eyes | 119. Hair | 120. Signature of father |

165-229-036-698

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-607

| | | | | | | |
|--|---|------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Hattie Huff Jones | | | 2. Date (month) (day) (year)
Of Birth November 29 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Malad City, Idaho - Oneida | b. City or Town of Birth
Malad City, Idaho | | |
| FATHER | 6. Full Name of Father
Zephaniah W. Jones | | | 7. State or Country of Father's Birth
Wales | | |
| MOTHER | 8. Full Maiden Name of Mother
Eleanor Jane Fry | | | 9. State or Country of Mother's Birth
England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Hattie Huff Jones</i> | | 11. Present Address of Registrant
17115 Crenshaw Blvd. Torrance, Calif. |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 5 1959 | | | 12. Signature of Notary
<i>Eleanor D. Fisher</i> | | 13. Notary Commission expires
My Commission Expires Feb. 14, 1960
19 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|--|---|--------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #99537 | Date issued | Date Orig. Entry
child born
Feb. 24, 1922 |
| | Date of Birth
age 23 | Birth Place
Malad, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
Prudential Ins. Co. of Amer. | Date issued
12-8-30 | Date Orig. Entry
Dec. 8, 1930 |
| | age next birthday
33 | Date of Birth
Birth Place
----- | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by sister, age 81 | | By whom issued and signed
Gwenllian Jones Evans | Date issued
7-6-59 | Date Orig. Entry |
| | Date of Birth
Nov. 29, 1898 | Birth Place
Oneida Co.
Malad City, Idaho | Full Name of Mother
Ellen Jane Fry | Name of Father
Zephaniah W. Jones | |

QUALIFYING INFORMATION

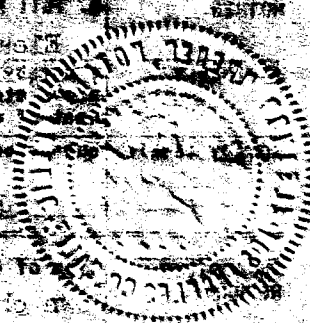
REGISTRAR'S CERTIFICATION (seal)

| | |
|--|--|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards
nr |
| Date Filed
July 23, 1959 | |

DELAWARE CERTIFICATE OF BIRTH

JUL 23 1954

| | | | |
|-------------------------------------|--|---------------------------------------|--|
| NAME OF CHILD
[Illegible] | | DATE OF BIRTH
[Illegible] | |
| SEX
[Illegible] | | RACE
[Illegible] | |
| PLACE OF BIRTH
[Illegible] | | COUNTY OF BIRTH
[Illegible] | |
| STATE OF BIRTH
[Illegible] | | CITY OF BIRTH
[Illegible] | |
| NAME OF FATHER
[Illegible] | | NAME OF MOTHER
[Illegible] | |
| DATE OF MARRIAGE
[Illegible] | | PLACE OF MARRIAGE
[Illegible] | |
| NAME OF REGISTRAR
[Illegible] | | SIGNATURE OF REGISTRAR
[Illegible] | |
| DATE OF REGISTRATION
[Illegible] | | PLACE OF REGISTRATION
[Illegible] | |
| NAME OF WITNESS
[Illegible] | | SIGNATURE OF WITNESS
[Illegible] | |
| DATE OF BIRTH
[Illegible] | | PLACE OF BIRTH
[Illegible] | |
| NAME OF FATHER
[Illegible] | | NAME OF MOTHER
[Illegible] | |
| DATE OF MARRIAGE
[Illegible] | | PLACE OF MARRIAGE
[Illegible] | |
| NAME OF REGISTRAR
[Illegible] | | SIGNATURE OF REGISTRAR
[Illegible] | |
| DATE OF REGISTRATION
[Illegible] | | PLACE OF REGISTRATION
[Illegible] | |
| NAME OF WITNESS
[Illegible] | | SIGNATURE OF WITNESS
[Illegible] | |
| DATE OF BIRTH
[Illegible] | | PLACE OF BIRTH
[Illegible] | |
| NAME OF FATHER
[Illegible] | | NAME OF MOTHER
[Illegible] | |
| DATE OF MARRIAGE
[Illegible] | | PLACE OF MARRIAGE
[Illegible] | |
| NAME OF REGISTRAR
[Illegible] | | SIGNATURE OF REGISTRAR
[Illegible] | |
| DATE OF REGISTRATION
[Illegible] | | PLACE OF REGISTRATION
[Illegible] | |
| NAME OF WITNESS
[Illegible] | | SIGNATURE OF WITNESS
[Illegible] | |



249-228-014-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-623

| | | | | | | | |
|--|---|--------------------|---|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Lucy Burch</i> | | | | 2. Date (month) (day) (year)
Birth <i>Dec 28 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Emmett Idaho Canyon</i> | | b. City or Town of Birth
<i>Emmett Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>William Allen Burch</i> | | | | 7. State or Country of Father's Birth
<i>Alabama</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Maude Ellen Cann</i> | | | | 9. State or Country of Mother's Birth
<i>Oklahoma (Indian Territory)</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Lucy Burch Bachold</i> | | 11. Present Address of Registrant
<i>2379-28th Ave San Francisco</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 12, 1959</i> | | 12. Signature of Notary
<i>Alvin L. Larson</i> | | 13. Notary Commission expires
<i>January 17, 1962</i> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|---|------------------------------|---|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
#110193874
Policy
Photostatic copy of Insurance | | By whom issued and signed
Prudential Ins. Company of America | | Date issued
May 28, 1959 | Date Orig. Entry
Policy issued
July 12, 1937 | |
| | Date of Birth
Dec. 28, 1898 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | | |
| SUPPORTING
RECORD 2. | Type of Document
#3088
Certified photostatic copy of Marriage License | | By whom issued and signed
T.A. Toomey, Recorder
San Francisco, California | | Date issued
May 7, 1959 | Date Orig. Entry
June 23, 1923 | |
| | Date of Birth
Age 24 | Birth Place
Idaho | Full Name of Mother-Father
Wm. A. Burch | | Name of Father-Mother
Maude E. Cann | | |
| SUPPORTING
RECORD 3. | Type of Document
Employment Record | | By whom issued and signed
St. Francis Memorial Hospital
San Francisco, Calif. | | Date issued
7-16-59 | Date Orig. Entry
Sept. 8, 1949 | |
| | Date of Birth
Dec. 28, 1898 | Birth Place
Emmett, Idaho | Full Name of Mother
--- | | Name of Father
--- | | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>bf Nancy Richards</i> | Date Filed
<i>July 30, 1959</i> |

STATE OF IDAHO DELAYED CERTIFICATE OF BIRTH

Page 1 of 1

| | | | | | |
|---|--|---|--|---|--|
| <p>1. Name of child at birth
 _____</p> | | <p>2. Date of birth
 _____</p> | | <p>3. Place of birth
 _____</p> | |
| <p>4. Name of father
 _____</p> | | <p>5. Name of mother
 _____</p> | | <p>6. Name of child at birth
 _____</p> | |
| <p>7. State of birth
 _____</p> | | <p>8. Date of birth
 _____</p> | | <p>9. Place of birth
 _____</p> | |
| <p>10. Name of father
 _____</p> | | <p>11. Name of mother
 _____</p> | | <p>12. Name of child at birth
 _____</p> | |
| <p>13. State of birth
 _____</p> | | <p>14. Date of birth
 _____</p> | | <p>15. Place of birth
 _____</p> | |
| <p>16. Name of father
 _____</p> | | <p>17. Name of mother
 _____</p> | | <p>18. Name of child at birth
 _____</p> | |
| <p>19. State of birth
 _____</p> | | <p>20. Date of birth
 _____</p> | | <p>21. Place of birth
 _____</p> | |
| <p>22. Name of father
 _____</p> | | <p>23. Name of mother
 _____</p> | | <p>24. Name of child at birth
 _____</p> | |
| <p>25. State of birth
 _____</p> | | <p>26. Date of birth
 _____</p> | | <p>27. Place of birth
 _____</p> | |
| <p>28. Name of father
 _____</p> | | <p>29. Name of mother
 _____</p> | | <p>30. Name of child at birth
 _____</p> | |
| <p>31. State of birth
 _____</p> | | <p>32. Date of birth
 _____</p> | | <p>33. Place of birth
 _____</p> | |
| <p>34. Name of father
 _____</p> | | <p>35. Name of mother
 _____</p> | | <p>36. Name of child at birth
 _____</p> | |
| <p>37. State of birth
 _____</p> | | <p>38. Date of birth
 _____</p> | | <p>39. Place of birth
 _____</p> | |
| <p>40. Name of father
 _____</p> | | <p>41. Name of mother
 _____</p> | | <p>42. Name of child at birth
 _____</p> | |
| <p>43. State of birth
 _____</p> | | <p>44. Date of birth
 _____</p> | | <p>45. Place of birth
 _____</p> | |
| <p>46. Name of father
 _____</p> | | <p>47. Name of mother
 _____</p> | | <p>48. Name of child at birth
 _____</p> | |
| <p>49. State of birth
 _____</p> | | <p>50. Date of birth
 _____</p> | | <p>51. Place of birth
 _____</p> | |
| <p>52. Name of father
 _____</p> | | <p>53. Name of mother
 _____</p> | | <p>54. Name of child at birth
 _____</p> | |
| <p>55. State of birth
 _____</p> | | <p>56. Date of birth
 _____</p> | | <p>57. Place of birth
 _____</p> | |
| <p>58. Name of father
 _____</p> | | <p>59. Name of mother
 _____</p> | | <p>60. Name of child at birth
 _____</p> | |
| <p>61. State of birth
 _____</p> | | <p>62. Date of birth
 _____</p> | | <p>63. Place of birth
 _____</p> | |
| <p>64. Name of father
 _____</p> | | <p>65. Name of mother
 _____</p> | | <p>66. Name of child at birth
 _____</p> | |
| <p>67. State of birth
 _____</p> | | <p>68. Date of birth
 _____</p> | | <p>69. Place of birth
 _____</p> | |
| <p>70. Name of father
 _____</p> | | <p>71. Name of mother
 _____</p> | | <p>72. Name of child at birth
 _____</p> | |
| <p>73. State of birth
 _____</p> | | <p>74. Date of birth
 _____</p> | | <p>75. Place of birth
 _____</p> | |
| <p>76. Name of father
 _____</p> | | <p>77. Name of mother
 _____</p> | | <p>78. Name of child at birth
 _____</p> | |
| <p>79. State of birth
 _____</p> | | <p>80. Date of birth
 _____</p> | | <p>81. Place of birth
 _____</p> | |
| <p>82. Name of father
 _____</p> | | <p>83. Name of mother
 _____</p> | | <p>84. Name of child at birth
 _____</p> | |
| <p>85. State of birth
 _____</p> | | <p>86. Date of birth
 _____</p> | | <p>87. Place of birth
 _____</p> | |
| <p>88. Name of father
 _____</p> | | <p>89. Name of mother
 _____</p> | | <p>90. Name of child at birth
 _____</p> | |
| <p>91. State of birth
 _____</p> | | <p>92. Date of birth
 _____</p> | | <p>93. Place of birth
 _____</p> | |
| <p>94. Name of father
 _____</p> | | <p>95. Name of mother
 _____</p> | | <p>96. Name of child at birth
 _____</p> | |
| <p>97. State of birth
 _____</p> | | <p>98. Date of birth
 _____</p> | | <p>99. Place of birth
 _____</p> | |
| <p>100. Name of father
 _____</p> | | <p>101. Name of mother
 _____</p> | | <p>102. Name of child at birth
 _____</p> | |

445-208-001-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-636

| | | | | | | | |
|--|---|--------------------|---|-------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Catherine Narcissa Duncan</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov 8 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Boise</i> | a. County
<i>Ada</i> | b. City or Town of Birth
<i>Boise</i> | | |
| FATHER | 6. Full Name of Father
<i>Matthew English Duncan</i> | | | | 7. State or Country of Father's Birth
<i>Arkansas</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Jennie Pierce</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho Territory</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Catherine Stone</i> | | 11. Present Address of Registrant
<i>Gooding, Idaho P.O. Box 284</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on

<i>July 20 19 59</i> | | 12. Signature of Notary
<i>Mary Schmidt</i>
Residing at Gooding,
Idaho | | 13. Notary Commission expires

<i>Feb. 10 19 61</i> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|---|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | Date issued | Date Orig. Entry
<i>Nov. 22, 1940</i> |
| | Date of Birth
<i>Nov. 8, 1898</i> | Birth Place
<i>Ada Co. Boise, Idaho</i> | Full Name of Mother
<i>Jennie Pierce</i> | Name of Father
<i>Matthew E. Duncan</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Ada County, Idaho</i> | Date issued
<i>6-30-59</i> | Date Orig. Entry
<i>Jan. 1, 1925</i> |
| | Date of Birth
<i>age 26</i> | Birth Place
<i>Boise, Idaho</i> | Full Name of Mother
<i>----</i> | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #179603</i> | Date issued | Date Orig. Entry
<i>child born March 6, 1930</i> |
| | Date of Birth
<i>age 31</i> | Birth Place
<i>Boise, Idaho</i> | Full Name of Mother
<i>----</i> | Name of Father
<i>----</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Aug. 4, 1959</i> |

STATE OF ALABAMA DELAYED CERTIFICATE OF BIRTH

AUG 4 1959

NOV 20 1959

| | | | | | | | | | | | |
|---------------------------|-----------------|------------------|-------------------|----------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Name of child at birth | 2. Sex of child | 3. Date of birth | 4. Place of birth | 5. Name of mother at birth | 6. Name of father at birth | 7. Name of child at present | 8. Sex of child at present | 9. Date of birth at present | 10. Place of birth at present | 11. Name of mother at present | 12. Name of father at present |
| 1. Name of child at birth | 2. Sex of child | 3. Date of birth | 4. Place of birth | 5. Name of mother at birth | 6. Name of father at birth | 7. Name of child at present | 8. Sex of child at present | 9. Date of birth at present | 10. Place of birth at present | 11. Name of mother at present | 12. Name of father at present |

| | | | | | | | | | | | |
|----------------------------|---------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 13. Name of child at birth | 14. Sex of child at birth | 15. Date of birth at birth | 16. Place of birth at birth | 17. Name of mother at birth | 18. Name of father at birth | 19. Name of child at present | 20. Sex of child at present | 21. Date of birth at present | 22. Place of birth at present | 23. Name of mother at present | 24. Name of father at present |
| 13. Name of child at birth | 14. Sex of child at birth | 15. Date of birth at birth | 16. Place of birth at birth | 17. Name of mother at birth | 18. Name of father at birth | 19. Name of child at present | 20. Sex of child at present | 21. Date of birth at present | 22. Place of birth at present | 23. Name of mother at present | 24. Name of father at present |

| | | | | | | | | | | | |
|----------------------------|---------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 25. Name of child at birth | 26. Sex of child at birth | 27. Date of birth at birth | 28. Place of birth at birth | 29. Name of mother at birth | 30. Name of father at birth | 31. Name of child at present | 32. Sex of child at present | 33. Date of birth at present | 34. Place of birth at present | 35. Name of mother at present | 36. Name of father at present |
| 25. Name of child at birth | 26. Sex of child at birth | 27. Date of birth at birth | 28. Place of birth at birth | 29. Name of mother at birth | 30. Name of father at birth | 31. Name of child at present | 32. Sex of child at present | 33. Date of birth at present | 34. Place of birth at present | 35. Name of mother at present | 36. Name of father at present |

843-131-016-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-681

| | | | | | | |
|--|---|-----------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Garrett Hutchison | | | 2. Date (month) (day) (year)
Of Birth March 31 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Sublett, Idaho in Cassia County, Idaho. | | | |
| FATHER | 6. Full Name of Father
Robert Nish Hutchison | | | 7. State or Country of Father's Birth
Spanish Fork, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Lloyd Hutchison | | | 9. State or Country of Mother's Birth
Spanish Fork, Utah. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Garrett Hutchison</i> | | 11. Present Address of Registrant
Malta, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
June-30-1 1959 | | | 12. Signature of Notary
<i>Henry Thompson</i> | | 13. Notary Commission expires
January-25-1961 19 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|--|--------------------------------------|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | person present at birth, 15 yrs. senior, Isabel Galliher | | Isabel Galliher | | 4-20-59 | |
| | Date of Birth
March 31, 1898 | Birth Place
Sublett, Idaho | Full Name of Mother
Martha Lloyd Hutchison | | Name of Father
Robert Nish Hutchison | |
| | | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
Beneficial Life Ins. Co. | | Date issued
10-15-25 | Date Orig. Entry
Oct. 7, 1925 |
| | Date of Birth
March 31, 1898 | Birth Place
Sublett, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Statement re:
Church Record of Baptism | | By whom issued and signed
Malta Ward, Raft River Stake,
LDS Church, Malta, Idaho | | Date issued
(not dated) | Date Orig. Entry
July 1, 1911 |
| | Date of Birth
March 31, 1898 | Birth Place
Sublett, Idaho | Full Name of Mother
Martha Jane Lloyd | | Name of Father
Robert Nish Hutchison | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
Aug. 18, 1959 | |

AUG 18 1950

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

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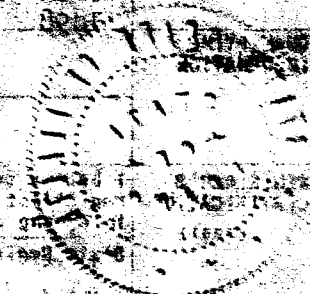
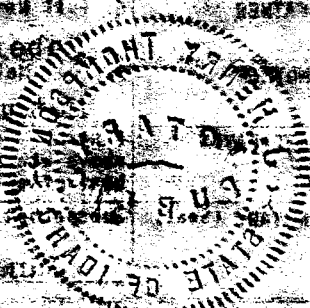
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555-216-006-452

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-684

| | | | | | | |
|--|---|-------------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
BESSIE EVERETT | | | | 2. Date (month) (day) (year)
Of Birth April 16, 1898 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Bonneville, | | a. County at the time
Bingham, | |
| FATHER | 6. Full Name of Father
James Everett | | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Jane Messervy | | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Bessie Everett Hahn</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
October 17, 1958 | | | | 11. Present Address of Registrant
Ely, Nevada | |
| | 12. Signature of Notary
<i>Paul T. Spencer</i> | | | | 13. Notary Commission expires
August 31, 1962. | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|--|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document (born 9-2-1884)
Affidavit by sister | | By whom issued and signed
Bertha Taylor | Date issued
10-17-58 | Date Orig. Entry |
| | Date of Birth
April 16, 1898 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
Mary Jane Messervy Everett | Name of Father
James Everett | |
| SUPPORTING
RECORD 2- | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date issued | Date Orig. Entry
Oct. 14, 1940 |
| | Date of Birth
April 16, 1898 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
Mary Jane Messervy | Name of Father
James Everett | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #136227 | Date issued | Date Orig. Entry
child born June 14, 1925 |
| | Date of Birth
age 27 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
--- | Name of Father
--- | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
Nancy Richards | Date Filed
Aug. 18, 1959 | |

AUG 18 1959

DELAID CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | | | | | | | |
|------------------------------|--|----------------------------------|--|-----------------------------------|--|--------------------|--|---------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | | 4. Name of father | | 5. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 6. Name of child at present | | 7. Date of present registration | | 8. Place of present registration | | 9. Name of father | | 10. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 11. Name of child at present | | 12. Date of present registration | | 13. Place of present registration | | 14. Name of father | | 15. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 16. Name of child at present | | 17. Date of present registration | | 18. Place of present registration | | 19. Name of father | | 20. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 21. Name of child at present | | 22. Date of present registration | | 23. Place of present registration | | 24. Name of father | | 25. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 26. Name of child at present | | 27. Date of present registration | | 28. Place of present registration | | 29. Name of father | | 30. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 31. Name of child at present | | 32. Date of present registration | | 33. Place of present registration | | 34. Name of father | | 35. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 36. Name of child at present | | 37. Date of present registration | | 38. Place of present registration | | 39. Name of father | | 40. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 41. Name of child at present | | 42. Date of present registration | | 43. Place of present registration | | 44. Name of father | | 45. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 46. Name of child at present | | 47. Date of present registration | | 48. Place of present registration | | 49. Name of father | | 50. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 51. Name of child at present | | 52. Date of present registration | | 53. Place of present registration | | 54. Name of father | | 55. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 56. Name of child at present | | 57. Date of present registration | | 58. Place of present registration | | 59. Name of father | | 60. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 61. Name of child at present | | 62. Date of present registration | | 63. Place of present registration | | 64. Name of father | | 65. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 66. Name of child at present | | 67. Date of present registration | | 68. Place of present registration | | 69. Name of father | | 70. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 71. Name of child at present | | 72. Date of present registration | | 73. Place of present registration | | 74. Name of father | | 75. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 76. Name of child at present | | 77. Date of present registration | | 78. Place of present registration | | 79. Name of father | | 80. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 81. Name of child at present | | 82. Date of present registration | | 83. Place of present registration | | 84. Name of father | | 85. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 86. Name of child at present | | 87. Date of present registration | | 88. Place of present registration | | 89. Name of father | | 90. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 91. Name of child at present | | 92. Date of present registration | | 93. Place of present registration | | 94. Name of father | | 95. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 96. Name of child at present | | 97. Date of present registration | | 98. Place of present registration | | 99. Name of father | | 100. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |

NOTE: This certificate is valid only if it is accompanied by the original birth record. If the original birth record is not available, this certificate is valid only if it is accompanied by a certified copy of the birth record. If the original birth record is not available and a certified copy of the birth record is not available, this certificate is valid only if it is accompanied by a certified copy of the birth record.

1. Name of child at present

2. Date of present registration

3. Place of present registration

4. Name of father

5. Name of mother

962-216-004-712

STATE BOARD-OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHOState File No. **Do59-749**

| | | | | | | |
|--|---|-------------------------|---|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Leone Drucilla Robison | | | 2. Date (month) (day) (year)
Of Birth July 16 1898 | | |
| | 3. Color or Race
White | 4. Sex
female | 5. Place of Birth a. County
Bear Lake | b. City or Town of Birth
Paris, Idaho | | |
| FATHER | 6. Full Name of Father
Charles Albert Robison | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Cora Francis Passey | | | 9. State or Country of Mother's Birth
Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Leone Nate.</i> | | 11. Present Address of Registrant
Montpelier, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 14 1959</i> | | | 12. Signature of Notary
<i>Gustave A. McQuinn</i> | | 13. Notary Commission expires
<i>9-16-61 19</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date issued | Date Orig. Entry
June 14, 1944 |
| | Date of Birth
July 16 1898 | Birth Place
Paris, Idaho | Full Name of Mother
Cora Francis Passey | Name of Father
Charles Albert Robison | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #209231 | Date issued | Date Orig. Entry
child born Sept. 1, 1932 |
| | Date of Birth
age 34 | Birth Place
Paris, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by family friend & neighbor at time of birth, Chas. C. Nate | | By whom issued and signed
(age 85) | Date issued
9-1-59 | Date Orig. Entry |
| | Date of Birth
July 16, 1898 | Birth Place
Bear Lake Co. Paris, Idaho | Full Name of Mother
Cora Francis Passey | Name of Father
Charles Albert Robison | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
Mr Nancy Richards | Date Filed
Sept. 9, 1959 | |

618-217-015-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-759

| | | | | | | |
|--|---|--------------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Carrie Ward | | | | 2. Date of Birth
(month) (day) (year)
9 17 1898 | |
| | 3. Color or Race
Wh. | 4. Sex
F | 5. Place of Birth
a. County
Caribou | | b. City or Town of Birth
Soda Springs | |
| FATHER | 6. Full Name of Father
Leslie Merrill Ward | | | | 7. State or Country of Father's Birth
Vermont | |
| MOTHER | 8. Full Maiden Name of Mother
Sara Ella Glauner | | | | 9. State or Country of Mother's Birth
Nebraska | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Carrie Tucker</i> | | 11. Present Address of Registrant
1716 North 14th St.
Boise, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
Oct 22nd 1958 | | | 12. Signature of Notary
<i>Joseph M. [unclear]</i> | | 13. Notary Commission expires
Jan 5 1960 |

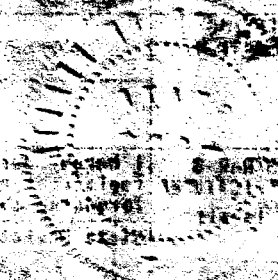
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---|--|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document (present at birth)
Affidavit by mother's sister, | | By whom issued and signed
age 79, Carrie Eliason | | Date issued
11-4-57 | Date Orig. Entry |
| | Date of Birth
Sept 17, 1898 | Birth Place
Soda Springs, Idaho | Full Name of Mother
Sara Ella Glauner Ward | | Name of Father
Leslie Merrill Ward | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #128681 | | Date issued | Date Orig. Entry
child born Jan. 12, 1925 |
| | Date of Birth
age 26 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Marriage Record | | By whom issued and signed
Gooding County, Idaho | | Date issued
8-18-59 | Date Orig. Entry
July 13, 1918 |
| | Date of Birth
age 19 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | | Date Filed
Sept. 15, 1959 |

SEP 15 1990

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

| | | | |
|---|--------------------------------------|---------------------|-----------------------|
| 1. Name of child at birth
Carrie Lynn | 2. Date of birth
09-17-89 | 3. Sex
F | 4. Race
W |
| 5. Place of birth
Carrollton | 6. Date of birth
09-17-89 | 7. Sex
F | 8. Race
W |
| 9. Name of mother
Carrie Lynn | 10. Date of birth
09-17-89 | 11. Sex
F | 12. Race
W |
| 13. Name of father
Carrie Lynn | 14. Date of birth
09-17-89 | 15. Sex
F | 16. Race
W |
| 17. Name of mother
Carrie Lynn | 18. Date of birth
09-17-89 | 19. Sex
F | 20. Race
W |
| 21. Name of father
Carrie Lynn | 22. Date of birth
09-17-89 | 23. Sex
F | 24. Race
W |
| 25. Name of mother
Carrie Lynn | 26. Date of birth
09-17-89 | 27. Sex
F | 28. Race
W |
| 29. Name of father
Carrie Lynn | 30. Date of birth
09-17-89 | 31. Sex
F | 32. Race
W |
| 33. Name of mother
Carrie Lynn | 34. Date of birth
09-17-89 | 35. Sex
F | 36. Race
W |
| 37. Name of father
Carrie Lynn | 38. Date of birth
09-17-89 | 39. Sex
F | 40. Race
W |
| 41. Name of mother
Carrie Lynn | 42. Date of birth
09-17-89 | 43. Sex
F | 44. Race
W |
| 45. Name of father
Carrie Lynn | 46. Date of birth
09-17-89 | 47. Sex
F | 48. Race
W |
| 49. Name of mother
Carrie Lynn | 50. Date of birth
09-17-89 | 51. Sex
F | 52. Race
W |
| 53. Name of father
Carrie Lynn | 54. Date of birth
09-17-89 | 55. Sex
F | 56. Race
W |
| 57. Name of mother
Carrie Lynn | 58. Date of birth
09-17-89 | 59. Sex
F | 60. Race
W |
| 61. Name of father
Carrie Lynn | 62. Date of birth
09-17-89 | 63. Sex
F | 64. Race
W |
| 65. Name of mother
Carrie Lynn | 66. Date of birth
09-17-89 | 67. Sex
F | 68. Race
W |
| 69. Name of father
Carrie Lynn | 70. Date of birth
09-17-89 | 71. Sex
F | 72. Race
W |
| 73. Name of mother
Carrie Lynn | 74. Date of birth
09-17-89 | 75. Sex
F | 76. Race
W |
| 77. Name of father
Carrie Lynn | 78. Date of birth
09-17-89 | 79. Sex
F | 80. Race
W |
| 81. Name of mother
Carrie Lynn | 82. Date of birth
09-17-89 | 83. Sex
F | 84. Race
W |
| 85. Name of father
Carrie Lynn | 86. Date of birth
09-17-89 | 87. Sex
F | 88. Race
W |
| 89. Name of mother
Carrie Lynn | 90. Date of birth
09-17-89 | 91. Sex
F | 92. Race
W |
| 93. Name of father
Carrie Lynn | 94. Date of birth
09-17-89 | 95. Sex
F | 96. Race
W |
| 97. Name of mother
Carrie Lynn | 98. Date of birth
09-17-89 | 99. Sex
F | 100. Race
W |



845-222-016-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-779

| | | | | | | |
|--|--|--|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Marzette Hunter | | | | 2. Date of Birth
(month) (day) (year)
November 22, 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Cassia | b. City or Town of Birth
Oakley | | |
| FATHER | 6. Full Name of Father
Rosel Hyde Hunter | | | | 7. State or Country of Father's Birth
Grantsville, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Effie Eliza Bates | | | | 9. State or Country of Mother's Birth
Wisconsin | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Marzette H. Martindale</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 21 1959</i> | | | | 11. Present Address of Registrant
<i>4781 Ewing Rd. Call.</i> | |
| | 12. Signature of Notary
<i>Luzel L. Shulbick</i> | | | | 13. Notary Commission Expires
<i>Sept. 28 1960</i> | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics,
Idaho #89350 | | Date issued | Date Orig. Entry
Child born
Feb. 8, 1921 |
| | Date of Birth
Age 22 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 2. | Type of Document
Employment Record | | By whom issued and signed
J. C. Penney Co., Inc.
Hayward, Calif. | | Date issued
8-20-59 | Date Orig. Entry
Sept. 5, 1952 |
| | Date of Birth
Nov. 22,
1898 | Birth Place
-- | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3. | Type of Document
Statement re:
Church Record-Baptism | | By whom issued and signed
Castro Valley Ward, Hayward
Stake, LDS Church, C.V., Calif. | | Date issued
9-12-59 | Date Orig. Entry
June 27, 1907 |
| | Date of Birth
Nov. 22,
1898 | Birth Place
Cassia Co.
Oakley, Idaho | Full Name of Mother
Effie Eliza Bates | | Name of Father
Rosel Hyde Hunter | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Date Filed
Sept. 23, 1959 | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
ses mr Nancy Richards | | | |

1 copy paid

UNIVERSITY CERTIFICATE OF BIRTH

SEP 21 1900

| | |
|---|--|
| <p>1. Name of child: Charles Henry</p> <p>2. Date of birth: November 23, 1900</p> <p>3. Place of birth: Greenville, North Carolina</p> <p>4. Name of father: Charles Henry</p> <p>5. Name of mother: Elizabeth</p> <p>6. Name of father's mother: Elizabeth</p> <p>7. Name of mother's mother: Elizabeth</p> <p>8. Name of father's father: Charles Henry</p> <p>9. Name of mother's father: Elizabeth</p> <p>10. Name of father's grandfather: Charles Henry</p> <p>11. Name of mother's grandfather: Elizabeth</p> <p>12. Name of father's great-grandfather: Charles Henry</p> <p>13. Name of mother's great-grandfather: Elizabeth</p> <p>14. Name of father's great-great-grandfather: Charles Henry</p> <p>15. Name of mother's great-great-grandfather: Elizabeth</p> | <p>16. Name of child: Charles Henry</p> <p>17. Date of birth: November 23, 1900</p> <p>18. Place of birth: Greenville, North Carolina</p> <p>19. Name of father: Charles Henry</p> <p>20. Name of mother: Elizabeth</p> <p>21. Name of father's mother: Elizabeth</p> <p>22. Name of mother's mother: Elizabeth</p> <p>23. Name of father's father: Charles Henry</p> <p>24. Name of mother's father: Elizabeth</p> <p>25. Name of father's grandfather: Charles Henry</p> <p>26. Name of mother's grandfather: Elizabeth</p> <p>27. Name of father's great-grandfather: Charles Henry</p> <p>28. Name of mother's great-grandfather: Elizabeth</p> <p>29. Name of father's great-great-grandfather: Charles Henry</p> <p>30. Name of mother's great-great-grandfather: Elizabeth</p> |
|---|--|

349-211-025-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-803

| | | | | |
|---|---|------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mary Malinda Turner | | 2. Date (month) (day) (year)
Of Birth October 11th 1898 | |
| FATHER | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Grangeville | 6. City or Town of Birth
On a farm close to Grangeville |
| MOTHER | 6. Full Name of Father
William Berry Turner | | 7. State or Country of Father's Birth
Georgetown, Tennessee | |
| AFFIDAVIT | 8. Full Maiden Name of Mother
Mary Ellen Robbins | | 9. State or Country of Mother's Birth
Evensville Indiana | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Mary Malinda Turner</i> | |
| | Subscribed and sworn to before me on
29th day of May, 1959 | | 11. Present Address of Registrant
1401 E. Front, Spokane, Wash | |
| | 12. Signature of Notary
<i>A. W. Dolphin</i> | | 13. Notary Commission expires
May 14th 1963 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|-----------------------------|---|--|---|--|
| SUPPORTING RECORD 1- | Type of Document
Marriage Record | By whom issued and signed
Shoshone Co., Idaho | Date issued
5-19-59 | Date Orig. Entry
Oct. 25, 1916 |
| | Date of Birth
age 18 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- |
| SUPPORTING RECORD 2- | Type of Document
own child's birth certificate | By whom issued and signed
Washington #417 | Date issued
6-4-59 | Date Orig. Entry
child born Oct. 21, 1918 |
| | Date of Birth
age 20 | Birth Place
Idaho | Full Name of Mother
----- | Name of Father
----- |
| SUPPORTING RECORD 3- | Type of Document
two (present at birth)
Affidavit by sister, age 72 | By whom issued and signed
Louise Rose | Date issued
7-8-59 & 9-18-59 | Date Orig. Entry |
| | Date of Birth
Oct. 11, 1898 | Birth Place
near Grangeville, Idaho | Full Name of Mother
Mary Ellen Robbins | Name of Father
William Berry Turner |

| | | | |
|--|--|---|-----------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
Sept. 28 1959 |

SEP 28 1960

DELETED CERTIFICATE OF BIRTH
STATE OF ALABAMA

| | | | |
|---|--|---|--|
| Name (Last, First, Middle)
JAMES EARL RAY | | Date of Birth
10-10-1928 | |
| Place of Birth
Tomball, Texas | | County of Birth
Harris | |
| Parents (Last, First, Middle)
JAMES EARL RAY, JR. and
LUCILLE RAY | | Maiden Name of Mother
LUCILLE RAY | |
| Address (Street, City, State, Zip)
1111 1/2 South 1st St.,
Tomball, Texas 77460 | | City of Birth
Tomball | |
| Occupation
None | | Education
None | |
| Marital Status
Single | | Religion
None | |
| Signature of Registrant
(Signature) | | Signature of Registrar
(Signature) | |
| Date of Registration
10-10-1960 | | Place of Registration
Tomball, Texas | |



145-219-025-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-822

| | | | | | | |
|--|---|--------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>MAGDALENA AMELIA ADEHM</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Jan. 19 1898</i> | |
| | 3. Color or Race
<i>W</i> | 4. Sex
<i>F</i> | 5. Place of Birth a. County
<i>Greencreek Idaho</i> | | b. City or Town of Birth
<i>Greencreek</i> | |
| FATHER | 6. Full Name of Father
<i>Nicholas Adehm</i> | | | | 7. State or Country of Father's Birth
<i>Germany</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Clossen</i> | | | | 9. State or Country of Mother's Birth
<i>New York</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Magdalena Feider</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>September 21 1957</i> | | | | 11. Present Address of Registrant
<i>1232-6th St
Clarksburg, Wash</i> | |
| | | | | | 12. Signature of Notary
<i>Chas. J. Jones</i> | |
| | | | | | 13. Notary Commission expires
United States Commissioner
Eastern District of Washington
Residing at Clarksburg, in said
county and district 19____ | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|---|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
<i>Baptismal Certificate</i> | | By whom issued and signed
<i>R. C. Church of Holy Cross
Keuterville, Idaho</i> | | Date issued
<i>8-5-59</i> | Date Orig. Entry
<i>Jan. 23, 1898</i> |
| | Date of Birth
<i>Jan. 19, 1898</i> | Birth Place
<i>Greencreek, Idaho</i> | Full Name of Mother
<i>Maria Clossen</i> | | Name of Father
<i>Nicolao Adehm</i> | |
| SUPPORTING
RECORD 2- | Type of Document
<i>Hospital Record</i> | | By whom issued and signed
<i>St. Joseph's Hospital
Lewiston, Idaho</i> | | Date issued
<i>9-11-59</i> | Date Orig. Entry
<i>May 15, 1944</i> |
| | Date of Birth
<i>Jan. 19, 1898</i> | Birth Place
<i>Greencreek, Idaho</i> | Full Name of Mother (born-N. Y.)
<i>Mary Clossen</i> | | Name of Father (born-Germany)
<i>Nicholas Adehm</i> | |
| SUPPORTING
RECORD 3- | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Asotin County, Wash.</i> | | Date issued
<i>9-4-59</i> | Date Orig. Entry
<i>Apr. 5, 1921</i> |
| | Date of Birth
<i>age 23</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Mary Clausen</i> | | Name of Father
<i>Nick Adehm</i> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
*W. H. Benson*Evidence reviewed by
*Nancy Richards*Date Filed
Oct. 9, 1959

7-1-1938

DECEASED CERTIFICATE OF BIRTH
STATE OF TEXAS

OCT 9 1938

| | | | | | | | | | | | | | | | |
|---|--|---------------------|--|---|--|---|--|---|--|---|--|--|--|---|--|
| Name of Person
James H. Brown | | Sex
Male | | Date of Birth
October 9, 1938 | | Place of Birth
Greenwood, Texas | | Parents
James H. Brown, Mary C. Brown | | Maiden Name of Mother
Mary C. Brown | | Signature of Registrar
[Signature] | | Signature of Parent
[Signature] | |
| State of Texas | | County of Greenwood | | City of Greenwood | | State of Texas | | County of Greenwood | | City of Greenwood | | State of Texas | | County of Greenwood | |

| | | | | | | | | | | | | | | | |
|---|--|---------------------|--|---|--|---|--|---|--|---|--|--|--|---|--|
| Name of Person
James H. Brown | | Sex
Male | | Date of Birth
October 9, 1938 | | Place of Birth
Greenwood, Texas | | Parents
James H. Brown, Mary C. Brown | | Maiden Name of Mother
Mary C. Brown | | Signature of Registrar
[Signature] | | Signature of Parent
[Signature] | |
| State of Texas | | County of Greenwood | | City of Greenwood | | State of Texas | | County of Greenwood | | City of Greenwood | | State of Texas | | County of Greenwood | |

| | | | | | | | | | | | | | | | |
|---|--|---------------------|--|---|--|---|--|---|--|---|--|--|--|---|--|
| Name of Person
James H. Brown | | Sex
Male | | Date of Birth
October 9, 1938 | | Place of Birth
Greenwood, Texas | | Parents
James H. Brown, Mary C. Brown | | Maiden Name of Mother
Mary C. Brown | | Signature of Registrar
[Signature] | | Signature of Parent
[Signature] | |
| State of Texas | | County of Greenwood | | City of Greenwood | | State of Texas | | County of Greenwood | | City of Greenwood | | State of Texas | | County of Greenwood | |

493-213-044-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-843

| | | | | | | |
|--|---|-------------------------|------------------------------------|--------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Mary Genevieve Mitchell</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Sept.</i> <i>13</i> <i>1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Weiser</i> | a. County
<i>Washington</i> | b. City or Town of Birth
<i>Weiser Ida.</i> | |
| FATHER | 6. Full Name of Father
<i>Alonzo Currey Mitchell</i> | | | | 7. State or Country of Father's Birth
<i>Oregon</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Olive Jeffreys</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mary McNeal</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 1</i> 19 <i>59</i> | | | | 11. Present Address of Registrant
<i>Rt. 6, Newtches, Wn.</i> | |
| | 12. Signature of Notary
<i>C. C. Clipp</i> | | | | 13. Notary Commission expires
<i>Aug. 21</i> 19 <i>62</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|-------------------------------------|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Dept.</i> | Date Issued | Date Orig. Entry
<i>Aug. 18, 1937</i> |
| | Date of Birth
<i>Sept. 13, 1898</i> | Birth Place
<i>Weiser, Idaho</i> | Full Name of Mother
(later applic.---Jeffreys)
<i>Olive Jeffreys</i> | Name of Father
<i>Alonzo Currey Mitchell</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Douglas County, Washington</i> | Date Issued
<i>--</i> | Date Orig. Entry
<i>Apr. 8, 1939</i> |
| | Date of Birth
<i>age 40</i> | Birth Place
<i>Weiser, Idaho</i> | Full Name of Mother (born-Idaho)
<i>Olive Jeffries</i> | Name of Father (born-Oregon)
<i>A. C. Mitchell</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Washington #480</i> | Date Issued
<i>9-25-59</i> | Date Orig. Entry
<i>child born Sept. 22, 1922</i> |
| | Date of Birth
<i>age 24</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>---</i> | Name of Father
<i>---</i> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Oct. 19, 1959</i> |

Medical

DECLARED CERTIFICATE OF DEATH
STATE OF ALABAMA

OCT 19 1968

| | | | | | |
|---|--|-----------------------|--|--|--|
| 1. Name of Deceased | | 2. Date of Birth | | 3. Sex | |
| 4. Date of Death | | 5. Place of Death | | 6. Cause of Death | |
| 7. Name of Physician | | 8. Name of Hospital | | 9. Name of County of Deceased's Birth | |
| 10. Name of County of Deceased's Birth | | 11. Name of Hospital | | 12. Name of Physician | |
| 13. Name of Physician | | 14. Name of Hospital | | 15. Name of County of Deceased's Birth | |
| 16. Name of County of Deceased's Birth | | 17. Name of Hospital | | 18. Name of Physician | |
| 19. Name of Physician | | 20. Name of Hospital | | 21. Name of County of Deceased's Birth | |
| 22. Name of County of Deceased's Birth | | 23. Name of Hospital | | 24. Name of Physician | |
| 25. Name of Physician | | 26. Name of Hospital | | 27. Name of County of Deceased's Birth | |
| 28. Name of County of Deceased's Birth | | 29. Name of Hospital | | 30. Name of Physician | |
| 31. Name of Physician | | 32. Name of Hospital | | 33. Name of County of Deceased's Birth | |
| 34. Name of County of Deceased's Birth | | 35. Name of Hospital | | 36. Name of Physician | |
| 37. Name of Physician | | 38. Name of Hospital | | 39. Name of County of Deceased's Birth | |
| 40. Name of County of Deceased's Birth | | 41. Name of Hospital | | 42. Name of Physician | |
| 43. Name of Physician | | 44. Name of Hospital | | 45. Name of County of Deceased's Birth | |
| 46. Name of County of Deceased's Birth | | 47. Name of Hospital | | 48. Name of Physician | |
| 49. Name of Physician | | 50. Name of Hospital | | 51. Name of County of Deceased's Birth | |
| 52. Name of County of Deceased's Birth | | 53. Name of Hospital | | 54. Name of Physician | |
| 55. Name of Physician | | 56. Name of Hospital | | 57. Name of County of Deceased's Birth | |
| 58. Name of County of Deceased's Birth | | 59. Name of Hospital | | 60. Name of Physician | |
| 61. Name of Physician | | 62. Name of Hospital | | 63. Name of County of Deceased's Birth | |
| 64. Name of County of Deceased's Birth | | 65. Name of Hospital | | 66. Name of Physician | |
| 67. Name of Physician | | 68. Name of Hospital | | 69. Name of County of Deceased's Birth | |
| 70. Name of County of Deceased's Birth | | 71. Name of Hospital | | 72. Name of Physician | |
| 73. Name of Physician | | 74. Name of Hospital | | 75. Name of County of Deceased's Birth | |
| 76. Name of County of Deceased's Birth | | 77. Name of Hospital | | 78. Name of Physician | |
| 79. Name of Physician | | 80. Name of Hospital | | 81. Name of County of Deceased's Birth | |
| 82. Name of County of Deceased's Birth | | 83. Name of Hospital | | 84. Name of Physician | |
| 85. Name of Physician | | 86. Name of Hospital | | 87. Name of County of Deceased's Birth | |
| 88. Name of County of Deceased's Birth | | 89. Name of Hospital | | 90. Name of Physician | |
| 91. Name of Physician | | 92. Name of Hospital | | 93. Name of County of Deceased's Birth | |
| 94. Name of County of Deceased's Birth | | 95. Name of Hospital | | 96. Name of Physician | |
| 97. Name of Physician | | 98. Name of Hospital | | 99. Name of County of Deceased's Birth | |
| 100. Name of County of Deceased's Birth | | 101. Name of Hospital | | 102. Name of Physician | |

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-899

| | | | | | |
|--|---|-------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Elsie L. Hunt</u> | | | 2. Date of Birth (month) (day) (year)
<u>May 7, 1898</u> | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>Bingham</u> | b. City or Town of Birth
<u>Blackfoot</u> | |
| FATHER | 6. Full Name of Father
<u>Charles E. Hunt</u> | | | 7. State or Country of Father's Birth
<u>Marrow, Ohio</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Emma Jane Lehmann</u> | | | 9. State or Country of Mother's Birth
<u>Iowa</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Mrs. Minnie Moore</u> | 11. Present Address of Registrant
<u>Rt. 1 Box 84, Golden Valley, W.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Oct 26</u> 19 <u>59</u> | | | 12. Signature of Notary
<u>Frank H. Knicker</u> | 13. Notary Commission expires
<u>12-15-1961</u> |

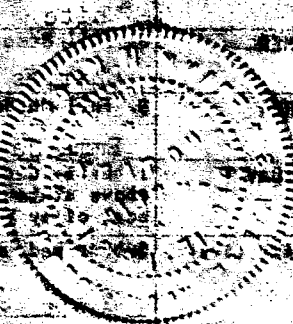
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Family Record</u> | | By whom issued and signed
<u>The Lehmann Family Tree
Frederick J. Lehmann</u> | | Date issued
<u>March 22, 1950</u> |
| | Date of Birth
<u>May 7, 1898</u> | Birth Place
<u>Blackfoot, Idaho</u> | Full Name of Mother
<u>Emma Jane Lehmann</u> | | Name of Father
<u>Charles Edward Hunt</u> |
| SUPPORTING
RECORD 2. | Type of Document (born 11-15-1880)
<u>Affidavit by Older sister</u> | | By whom issued and signed
<u>Mrs. Minnie Moore</u> | | Date issued
<u>2-10-58</u> |
| | Date of Birth
<u>May 7, 1898</u> | Birth Place
<u>Blackfoot, Idaho</u> | Full Name of Mother
<u>Emma Jane Lehmann</u> | | Name of Father
<u>Charles Edward Hunt</u> |
| SUPPORTING
RECORD 3. | Type of Document
<u>Social Security Record</u> | | By whom issued and signed
<u>Treasury Dept.</u> | | Date issued
<u>May 25, 1937</u> |
| | Date of Birth
<u>May 7, 1898</u> | Birth Place
<u>Blackfoot, Idaho</u> | Full Name of Mother
<u>Emma Jane Lehman</u> | | Name of Father
<u>Charlie Everett Hunt</u> |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. Benson</u> | Evidence reviewed by
<u>sc Nancy Richards</u> | Date Filed
<u>Nov. 4, 1959</u> |

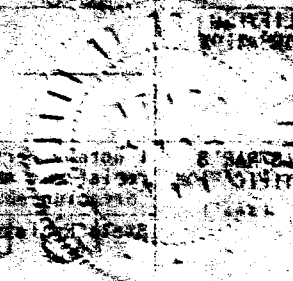
STATE OF ILLINOIS DELETED CERTIFICATE OF BIRTH

NOV 4 1950

| | | | |
|-------------------------------|-------------------------------|-----------------------------|-----------------------------|
| 1. Name of child at birth | 2. Sex | 3. Date of birth | 4. Place of birth |
| 5. Name of mother at birth | 6. Name of father at birth | 7. Date of birth of mother | 8. Date of birth of father |
| 9. Name of mother at present | 10. Name of father at present | 11. Date of birth of mother | 12. Date of birth of father |
| 13. Name of mother at present | 14. Name of father at present | 15. Date of birth of mother | 16. Date of birth of father |



| | | | |
|-------------------------------|-------------------------------|-----------------------------|-----------------------------|
| 17. Name of mother at present | 18. Name of father at present | 19. Date of birth of mother | 20. Date of birth of father |
| 21. Name of mother at present | 22. Name of father at present | 23. Date of birth of mother | 24. Date of birth of father |
| 25. Name of mother at present | 26. Name of father at present | 27. Date of birth of mother | 28. Date of birth of father |
| 29. Name of mother at present | 30. Name of father at present | 31. Date of birth of mother | 32. Date of birth of father |



| | | | |
|-------------------------------|-------------------------------|-----------------------------|-----------------------------|
| 33. Name of mother at present | 34. Name of father at present | 35. Date of birth of mother | 36. Date of birth of father |
| 37. Name of mother at present | 38. Name of father at present | 39. Date of birth of mother | 40. Date of birth of father |
| 41. Name of mother at present | 42. Name of father at present | 43. Date of birth of mother | 44. Date of birth of father |
| 45. Name of mother at present | 46. Name of father at present | 47. Date of birth of mother | 48. Date of birth of father |

269-216-003-766

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-914

| | | | | | | | | |
|--|--|--|--|-----------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Hattie Irene SoRelle | | | | | 2. Date (month) (day) (year)
Of Birth April 16 1898 | | |
| | 3. Color or Race
Indian (5/8) | 4. Sex
FEMALE | 5. Place of Birth
IDAHO | a. County
BANNOCK | b. City or Town of Birth
POCATELLO | | | |
| FATHER | 6. Full Name of Father
NORCICE SORELLE | | | | | 7. State or Country of Father's Birth
WYOMING | | |
| MOTHER | 8. Full Maiden Name of Mother
ANNIE POWELL | | | | | 9. State or Country of Mother's Birth
MONTANA | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Hattie Irene SoRelle</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
October 21 19 58 | | | | | 11. Present Address of Registrant
484 Park ave Pocatello Idaho | | |
| | 12. Signature of Notary
<i>Lucille C. Brownley</i>
Lucille C. Brownley | | | | | 13. Notary Commission expires
November 5 19 60 | | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Church Record--Baptism | | By whom issued and signed
Pocatello Third Ward
LDS Church, Pocatello, Ida. | | Date issued
3-7-26 | Date Orig. Entry
March 7, 1926 | | |
| | Date of Birth
April 16,
1898 | Birth Place
Bannock Co.
Pocatello, Idaho | Full Name of Mother
Annie Powell | | Name of Father
Norcese SoRelle | | | |
| SUPPORTING
RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Bannock County, Pocatello, Ida. | | Date issued
10-14-59 | Date Orig. Entry
May 3, 1949 | | |
| | Date of Birth
age 51 | Birth Place
Pocatello, Idaho | Full Name of Mother
--- | | Name of Father
--- | | | |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #227614 (child's name changed in 1952) | | Date issued
Oct. 24, 1934 | Date Orig. Entry
child born Oct. 24, 1934 | | |
| | Date of Birth
age 36 | Birth Place
Pocatello, Idaho | Full Name of Mother
--- | | Name of Father
--- | | | |
| QUALIFYING
INFORMATION | | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | Date Filed
Nov. 10, 1959 | | |
| | State Registrar
<i>W. L. Jensen</i> | | Evidence reviewed by
Nancy Richards | | | | | |

AT 118 17-11-1940 10:00 AM

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11-14-2001 BY 60322 UCBAW

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 5. Signature: [Illegible]
 6. Initials: [Illegible]
 7. Department: [Illegible]
 8. Office: [Illegible]
 9. File No.: [Illegible]
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551-220-036-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-1017

| | | | | | | |
|--|---|-------------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Swendolyn Evans</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>July 20 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Oreida Now Franklin</i> | a. County
<i>Franklin</i> | b. City or Town of Birth
<i>Riverdale</i> | |
| FATHER | 6. Full Name of Father
<i>David Phillip Evans</i> | | | | 7. State or Country of Father's Birth
<i>Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sarah Eliza Smith</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Swendolyn Evans Cole</i> | | 11. Present Address of Registrant
<i>R1 Preston</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Nov. 10 1959</i> | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
<i>2/6/61 19</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>Affidavit by sister, age 75</i> | | By whom issued and signed
<i>Mary Evans Neeley</i> | | Date issued
<i>11-10-59</i> | Date Orig. Entry |
| | Date of Birth
<i>July 20, 1898</i> | Birth Place
<i>Franklin (then Oreida) Co. Riverdale, Idaho</i> | Full Name of Mother
<i>Sarah Eliza Smith Evans</i> | | Name of Father
<i>David P. Evans</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Marriage Record</i> | | By whom issued and signed
<i>Cache County, Utah</i> | | Date issued
<i>11-27-59</i> | Date Orig. Entry
<i>Nov. 28, 1917</i> |
| | Date of Birth
<i>age 19</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #64436</i> | | Date issued | Date Orig. Entry
<i>child born Nov. 25, 1918</i> |
| | Date of Birth
<i>age 20</i> | Birth Place
<i>Riverdale, Idaho</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Nancy Richards</i> | Date Filed
<i>Dec. 24, 1959</i> |

DEC 28 1969

SEP 14 1969

STATE OF IDAHO
DELAYED CERTIFICATE OF BIRTH

100-1001

| | | | | | | | | | |
|-------------------|--|-------------------|--|--------------------|--|--------------------|--|--------------------|--|
| 1. Name of child | | 2. Date of birth | | 3. Place of birth | | 4. Name of father | | 5. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 6. Name of child | | 7. Date of birth | | 8. Place of birth | | 9. Name of father | | 10. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 11. Name of child | | 12. Date of birth | | 13. Place of birth | | 14. Name of father | | 15. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |

| | | | | | | | | | |
|-------------------|--|-------------------|--|--------------------|--|--------------------|--|--------------------|--|
| 16. Name of child | | 17. Date of birth | | 18. Place of birth | | 19. Name of father | | 20. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 21. Name of child | | 22. Date of birth | | 23. Place of birth | | 24. Name of father | | 25. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |

| | | | | | | | | | |
|-------------------|--|-------------------|--|--------------------|--|--------------------|--|--------------------|--|
| 26. Name of child | | 27. Date of birth | | 28. Place of birth | | 29. Name of father | | 30. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 31. Name of child | | 32. Date of birth | | 33. Place of birth | | 34. Name of father | | 35. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |

NOTARIAL CERTIFICATION

(Date)

Signature of Notary

Date Filed

100-1001

10-10-69

100-1001

818-215-014-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-1019

| | | | | | | | |
|---|---|--------------------|--|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Manila Nancy Hays | | | | 2. Date of Birth
(month) May (day) 15 (year) 1898 | | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth
Canyon Co. | a. County
(rural) | b. City or Town of Birth
near Boise, Idaho | | |
| FATHER | 6. Full Name of Father
Isaac Joe Hays | | | | 7. State or Country of Father's Birth
Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Alice Bennett | | | | 9. State or Country of Mother's Birth
Missouri | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Manila Nancy Hays</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Nov. 9 19 59 | | | | 11. Present Address of Registrant
1755 Bridge St. Oroville, Calif. | | |
| | | | | | 12. Signature of Notary
<i>Margaret C. Barlow</i> | | |
| | | | | 13. Notary Commission expires
Oct. 4 19 61 | | | |

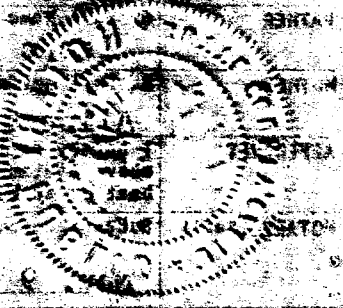
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|--|--|-------------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
Marriage Record | | By whom issued and signed
Grays Harbor County, Wash. | | Date issued
6-22-55 | Date Orig. Entry
March 14, 1917 |
| | Date of Birth
age 18 | Birth Place
Idaho | Full Name of Mother
Alice Bennett | | Name of Father
Joe Hays | |
| SUPPORTING RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Washington #69 | | Date issued
1-29-42 | Date Orig. Entry
child born Feb. 22, 1919 |
| | Date of Birth
age 20 | Birth Place
Idaho | Full Name of Mother
MISSING | | Name of Father
MISSING | |
| SUPPORTING RECORD 3. | Type of Document
Family Record-photocopy | | By whom issued and signed
original viewed by Margaret Barlow, Notary Public; Butte Co., Calif. | | Date issued
11-9-59 | Date Orig. Entry
obviously old |
| | Date of Birth
May 15, 1898 | Birth Place
Canyon County, Idaho | Full Name of Mother
Alice Hays | | Name of Father
I. J. Hays | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
nr Nancy Richards | | Date Filed
Dec. 28, 1959 | |

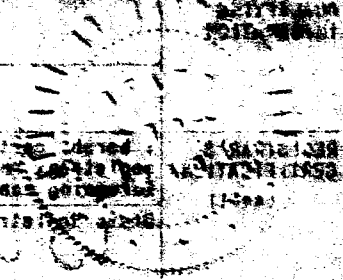
DEC 28 1960

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

| | | | |
|---|-------------------------------------|---|---|
| NAME
Manila Nancy | DATE OF BIRTH
May 15 1938 | PLACE OF BIRTH
Chicago, Illinois | STATE OF BIRTH
Illinois |
| FATHER'S NAME
Manila Joe | MOTHER'S NAME
Manila Mary | DATE OF MARRIAGE
Oct. 4 1938 | PLACE OF MARRIAGE
Chicago, Illinois |
| FATHER'S ADDRESS
105 Bridge St. Chicago, Ill. | | MOTHER'S ADDRESS
105 Bridge St. Chicago, Ill. | |



| | | | | | |
|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-----------------------------------|
| DATE OF DEATH
Dec 28 1960 | PLACE OF DEATH
Chicago, Illinois | STATE OF DEATH
Illinois | DATE OF BIRTH
May 15 1938 | PLACE OF BIRTH
Chicago, Illinois | STATE OF BIRTH
Illinois |
| DATE OF DEATH
Dec 28 1960 | | DATE OF BIRTH
May 15 1938 | | DATE OF DEATH
Dec 28 1960 | |
| DATE OF DEATH
Dec 28 1960 | | DATE OF BIRTH
May 15 1938 | | DATE OF DEATH
Dec 28 1960 | |



| | | | | | |
|-------------------------------------|--|-------------------------------------|-------------------------------------|--|-----------------------------------|
| DATE OF DEATH
Dec 28 1960 | PLACE OF DEATH
Chicago, Illinois | STATE OF DEATH
Illinois | DATE OF BIRTH
May 15 1938 | PLACE OF BIRTH
Chicago, Illinois | STATE OF BIRTH
Illinois |
| DATE OF DEATH
Dec 28 1960 | | DATE OF BIRTH
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| DATE OF DEATH
Dec 28 1960 | | DATE OF BIRTH
May 15 1938 | | DATE OF DEATH
Dec 28 1960 | |

769-212-022-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De59-1041

| | | | | | |
|--|---|--------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Bertha Bugh Gordon | | | 2. Date (month) (day) (year)
Of Birth September 12, 1898 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Fremont County | b. City or Town of Birth
Wilford | |
| FATHER | 6. Full Name of Father
Charles A. Gordon | | | 7. State or Country of Father's Birth
Illinois | |
| MOTHER | 8. Full Maiden Name of Mother
Anna M. Russ | | | 9. State or Country of Mother's Birth
Morgon City, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Bertha Bugh Crawford</i> | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 14 19 59 | | | 12. Signature of Notary
<i>H. C. Kern</i> | 13. Notary Commission expires
Jan 5 19 60 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document Affidavit by neighbor & distant relative | | By whom issued and signed
(age 74)
Eli Moroni Jergensen | Date issued
3-7-59 | Date Orig. Entry |
| | Date of Birth
Sept. 12, 1898 | Birth Place
Wilford, Idaho | Full Name of Mother
Anna Russ Gordon | Name of Father
Charles A. Gordon | |
| SUPPORTING
RECORD 2. | Type of Document Voting Registration record | | By whom issued and signed
City Clerk, Ellensburg, Kittitas Co., Washington | Date issued
4-28-59 | Date Orig. Entry
Jan. 19, 1926 |
| | Date of Birth
age 27 | Birth Place
Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document School Record | | By whom issued and signed
Kittitas County Schools Supt. Ellensburg, Wash. | Date issued
11-25-59 | Date Orig. Entry
year 1908 |
| | Date of Birth
Sept. 12, 1898 | Birth Place
--- | Full Name of Mother
--- | Name of Father
C. A. Gordon | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
Dec. 31, 1959 |

JAN 4 1961

DELAID CERTIFICATE OF BIRTH

STATE OF ILLINOIS

State of Illinois

Department of Health

Office of Vital Statistics

DATE (month) (day) (year)

September 15, 1908

DATE OF BIRTH (month) (day) (year)

September 15, 1908

PLACE OF BIRTH (city) (county) (state)

Chicago, Cook County, Illinois

NAME OF FATHER

Charles A. Gordon

NAME OF MOTHER

Willard

NAME OF CHILD

Charles A. Gordon

NAME OF CHILD

Charles A. Gordon

DATE OF DEATH (month) (day) (year)

December 14, 1958

DATE OF DEATH (month) (day) (year)

December 14, 1958

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

DATE OF DEATH (month) (day) (year)

December 14, 1958

DATE OF DEATH (month) (day) (year)

December 14, 1958

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

DATE OF DEATH (month) (day) (year)

December 14, 1958

DATE OF DEATH (month) (day) (year)

December 14, 1958

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

DATE OF DEATH (month) (day) (year)

December 14, 1958

DATE OF DEATH (month) (day) (year)

December 14, 1958

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

DATE OF DEATH (month) (day) (year)

December 14, 1958

DATE OF DEATH (month) (day) (year)

December 14, 1958

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

DATE OF DEATH (month) (day) (year)

December 14, 1958

DATE OF DEATH (month) (day) (year)

December 14, 1958

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

DATE OF DEATH (month) (day) (year)

December 14, 1958

DATE OF DEATH (month) (day) (year)

December 14, 1958

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

PLACE OF DEATH (city) (county) (state)

Chicago, Cook County, Illinois

291-131-035-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-029

| | | | | | | | |
|--|---|----------------|--|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
William George Brammer | | | | 2. Date (month) (day) (year)
Of Birth August 31 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Nez Perce Co. | | b. City or Town of Birth
Gifford, Idaho | | |
| FATHER | 6. Full Name of Father
George William Brammer | | | | 7. State or Country of Father's Birth
GERMANY | | |
| MOTHER | 8. Full Maiden Name of Mother
Anna Riggers | | | | 9. State or Country of Mother's Birth
GERMANY | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>William George Brammer</i> | | 11. Present Address of Registrant
10920 E. Nixon
Opportunity, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 21 1959 | | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
Oct. 30 1961 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-------------------------------|--|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by father, age 89 | | By whom issued and signed
George W. Brammer | | Date issued
12-4-59 | Date Orig. Entry |
| | Date of Birth
Aug. 31,
1898 | Birth Place
Gifford, Idaho | Full Name of Mother,
maiden name--Riggers
Anna Marie Brammer | | Name of Father
(William)
George W. Brammer | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
Ohio National Life Ins. Co. | | Date issued
9-3-35 | Date Orig. Entry
Aug. 18, 1935 |
| | Date of Birth
Aug. 31,
1898 | Birth Place
Gifford, Idaho | Full Name of Mother
---- | | Name of Father
George Brammer | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #131932 | | Date issued | Date Orig. Entry
child born
April 19, 1925 |
| | Date of Birth
age 26 | Birth Place
Gifford, Idaho | Full Name of Mother
---- | | Name of Father
---- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
Jan. 13, 1960 |

100-282

STATE OF IDAHO
DELAYED CERTIFICATE OF BIRTH

JAN 1 1961

DATE MOVED
DATE OF BIRTH
DATE OF DEATH

| | | | | | | | | | | | |
|----------------------------|------------------|-------------------|--------------------|--------------------|--------------------|----------------------------|------------------|-------------------|--------------------|--------------------|--------------------|
| 1. Name of child at birth | 2. Sex of child | 3. Date of birth | 4. Place of birth | 5. Name of mother | 6. Name of father | 7. Name of child at birth | 8. Sex of child | 9. Date of birth | 10. Place of birth | 11. Name of mother | 12. Name of father |
| 13. Name of child at birth | 14. Sex of child | 15. Date of birth | 16. Place of birth | 17. Name of mother | 18. Name of father | 19. Name of child at birth | 20. Sex of child | 21. Date of birth | 22. Place of birth | 23. Name of mother | 24. Name of father |
| 25. Name of child at birth | 26. Sex of child | 27. Date of birth | 28. Place of birth | 29. Name of mother | 30. Name of father | 31. Name of child at birth | 32. Sex of child | 33. Date of birth | 34. Place of birth | 35. Name of mother | 36. Name of father |
| 37. Name of child at birth | 38. Sex of child | 39. Date of birth | 40. Place of birth | 41. Name of mother | 42. Name of father | 43. Name of child at birth | 44. Sex of child | 45. Date of birth | 46. Place of birth | 47. Name of mother | 48. Name of father |
| 49. Name of child at birth | 50. Sex of child | 51. Date of birth | 52. Place of birth | 53. Name of mother | 54. Name of father | 55. Name of child at birth | 56. Sex of child | 57. Date of birth | 58. Place of birth | 59. Name of mother | 60. Name of father |

| | | | | | | | | | | | |
|-----------------------------|-------------------|--------------------|---------------------|---------------------|---------------------|-----------------------------|-------------------|--------------------|---------------------|---------------------|---------------------|
| 61. Name of child at birth | 62. Sex of child | 63. Date of birth | 64. Place of birth | 65. Name of mother | 66. Name of father | 67. Name of child at birth | 68. Sex of child | 69. Date of birth | 70. Place of birth | 71. Name of mother | 72. Name of father |
| 73. Name of child at birth | 74. Sex of child | 75. Date of birth | 76. Place of birth | 77. Name of mother | 78. Name of father | 79. Name of child at birth | 80. Sex of child | 81. Date of birth | 82. Place of birth | 83. Name of mother | 84. Name of father |
| 85. Name of child at birth | 86. Sex of child | 87. Date of birth | 88. Place of birth | 89. Name of mother | 90. Name of father | 91. Name of child at birth | 92. Sex of child | 93. Date of birth | 94. Place of birth | 95. Name of mother | 96. Name of father |
| 97. Name of child at birth | 98. Sex of child | 99. Date of birth | 100. Place of birth | 101. Name of mother | 102. Name of father | 103. Name of child at birth | 104. Sex of child | 105. Date of birth | 106. Place of birth | 107. Name of mother | 108. Name of father |
| 109. Name of child at birth | 110. Sex of child | 111. Date of birth | 112. Place of birth | 113. Name of mother | 114. Name of father | 115. Name of child at birth | 116. Sex of child | 117. Date of birth | 118. Place of birth | 119. Name of mother | 120. Name of father |

| | | | | | | | | | | | |
|-----------------------------|-------------------|--------------------|---------------------|---------------------|---------------------|-----------------------------|-------------------|--------------------|---------------------|---------------------|---------------------|
| 121. Name of child at birth | 122. Sex of child | 123. Date of birth | 124. Place of birth | 125. Name of mother | 126. Name of father | 127. Name of child at birth | 128. Sex of child | 129. Date of birth | 130. Place of birth | 131. Name of mother | 132. Name of father |
| 133. Name of child at birth | 134. Sex of child | 135. Date of birth | 136. Place of birth | 137. Name of mother | 138. Name of father | 139. Name of child at birth | 140. Sex of child | 141. Date of birth | 142. Place of birth | 143. Name of mother | 144. Name of father |
| 145. Name of child at birth | 146. Sex of child | 147. Date of birth | 148. Place of birth | 149. Name of mother | 150. Name of father | 151. Name of child at birth | 152. Sex of child | 153. Date of birth | 154. Place of birth | 155. Name of mother | 156. Name of father |
| 157. Name of child at birth | 158. Sex of child | 159. Date of birth | 160. Place of birth | 161. Name of mother | 162. Name of father | 163. Name of child at birth | 164. Sex of child | 165. Date of birth | 166. Place of birth | 167. Name of mother | 168. Name of father |
| 169. Name of child at birth | 170. Sex of child | 171. Date of birth | 172. Place of birth | 173. Name of mother | 174. Name of father | 175. Name of child at birth | 176. Sex of child | 177. Date of birth | 178. Place of birth | 179. Name of mother | 180. Name of father |

393-203-022-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-058

| | | | | | | |
|--|---|-------------------------|---|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
LUCILE LITTLE | | | | 2. Date (month) (day) (year)
Of Birth FEBRUARY 3 1928 | |
| | 3. Color or Race
WHITE | 4. Sex
FEMALE | 5. Place of Birth
a. County FREMONT | | b. City or Town of Birth
HADEN | |
| FATHER | 6. Full Name of Father
EDWIN SOBIESKI LITTLE | | | | 7. State or Country of Father's Birth
UTAH | |
| MOTHER | 8. Full Maiden Name of Mother
ZINA WALLACE | | | | 9. State or Country of Mother's Birth
UTAH | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Lucile Little Knight</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Oct. 26 1959 | | | | 11. Present Address of Registrant
DRIGGS, IDAHO- | |
| | | | | | 12. Signature of Notary
<i>Dwight M. Cook</i> | |
| | | | | | 13. Notary Commission expires
6-20 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|--|---|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
Church Record-Baptism | | By whom issued and signed
Driggs First Ward, Teton Stake
LDS Church | | Date issued | Date Orig. Entry
Oct. 6, 1906 |
| | Date of Birth
Feb. 3, 1898 | Birth Place
Fremont Co.
Haden, Idaho | Full Name of Mother
Zina Wallace | | Name of Father
Edwin Sobieski Little | |
| SUPPORTING RECORD 2. | Type of Document (or sister)
Affidavit by brother, age 72 | | By whom issued and signed
E. C. Little | | Date issued
1-14-60 | Date Orig. Entry |
| | Date of Birth
Feb. 3, 1898 | Birth Place
Haden, Idaho | Full Name of Mother
Zina Wallace Little | | Name of Father
Edwin Sobieski Little | |
| SUPPORTING RECORD 3. | Type of Document
Insurance Application | | By whom issued and signed
New York Life Ins. Co. | | Date issued | Date Orig. Entry
Dec. 3, 1937 |
| | Date of Birth
Feb. 3, 1898 | Birth Place
Hayden, Idaho | Full Name of Mother | | Name of Father | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
*W. Benson*Evidence reviewed by
Nancy RichardsDate Filed
Jan. 25, 1960

DELETED CERTIFICATE OF BIRTH STATE OF INDIANA

JAN 25 1960

| | | | | | |
|--|--|---|--|--|--|
| 1. Name of child at birth
JOHN W. WATSON | | 2. Date of birth
1911 | | 3. Place of birth
INDIANA | |
| 4. Name of mother
JOHN W. WATSON | | 5. Date of mother's birth
1911 | | 6. Place of mother's birth
INDIANA | |
| 7. Name of father
JOHN W. WATSON | | 8. Date of father's birth
1911 | | 9. Place of father's birth
INDIANA | |
| 10. Signature of mother
<i>[Signature]</i> | | 11. Signature of father
<i>[Signature]</i> | | 12. Signature of registrar
<i>[Signature]</i> | |
| 13. Name of registrar
JOHN W. WATSON | | 14. Date of registration
1911 | | 15. Place of registration
INDIANA | |

| | | | | | |
|---|--|---|--|--|--|
| 16. Name of child at birth
JOHN W. WATSON | | 17. Date of birth
1911 | | 18. Place of birth
INDIANA | |
| 19. Name of mother
JOHN W. WATSON | | 20. Date of mother's birth
1911 | | 21. Place of mother's birth
INDIANA | |
| 22. Name of father
JOHN W. WATSON | | 23. Date of father's birth
1911 | | 24. Place of father's birth
INDIANA | |
| 25. Signature of mother
<i>[Signature]</i> | | 26. Signature of father
<i>[Signature]</i> | | 27. Signature of registrar
<i>[Signature]</i> | |
| 28. Name of registrar
JOHN W. WATSON | | 29. Date of registration
1911 | | 30. Place of registration
INDIANA | |

| | | | | | |
|---|--|---|--|--|--|
| 31. Name of child at birth
JOHN W. WATSON | | 32. Date of birth
1911 | | 33. Place of birth
INDIANA | |
| 34. Name of mother
JOHN W. WATSON | | 35. Date of mother's birth
1911 | | 36. Place of mother's birth
INDIANA | |
| 37. Name of father
JOHN W. WATSON | | 38. Date of father's birth
1911 | | 39. Place of father's birth
INDIANA | |
| 40. Signature of mother
<i>[Signature]</i> | | 41. Signature of father
<i>[Signature]</i> | | 42. Signature of registrar
<i>[Signature]</i> | |
| 43. Name of registrar
JOHN W. WATSON | | 44. Date of registration
1911 | | 45. Place of registration
INDIANA | |

812-204-029-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-079

| | | | | | |
|--|--|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Mary Paulina Hasfurther | | | 2. Date (month) (day) (year)
Of Birth April 4 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Latah Co.
b. City or Town of Birth
Genesee, Idaho | | |
| FATHER | 6. Full Name of Father
VICTOR HASFURTHER | | | 7. State or Country of Father's Birth
GERMANY | |
| MOTHER | 8. Full Maiden Name of Mother
FRANCES HENNEN | | | 9. State or Country of Mother's Birth
Mt Calvary, Wisconsin | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Mary Paulina Hasfurther
Bismarck | |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 2, 1959 | | | 11. Present Address of Registrant
903 East E Moscow, Idaho | |
| | 12. Signature of Notary
Ch. Walton | | | 13. Notary Commission expires
August 1, 1963 | |
| APPLICANT—DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Church Record--Baptism | | By whom issued and signed
R. C. Church of St. Mary's
Genesee, Idaho | | Date issued
10-16-58 |
| | Date of Birth
April 4,
1898 | Birth Place
Genesee, Idaho | Full Name of Mother
Frances C. Hennen | | Date Orig. Entry
April 10, 1898 |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #134824 | | Date issued |
| | Date of Birth
age 27 | Birth Place
Genesee, Idaho | Full Name of Mother
— | | Date Orig. Entry
child born
Sept. 7, 1925 |
| SUPPORTING
RECORD 3. | Type of Document
(born 7-15-1880)
Affidavit by uncle | | By whom issued and signed
George Hasfurther | | Date issued
1-25-60 |
| | Date of Birth
April 4,
1898 | Birth Place
Latah Co.
Genesee, Idaho | Full Name of Mother (born--Wisc.)
Frances C. Hennen | | Date Orig. Entry
Name of Father (born--Germany)
Victor Hasfurther |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
Benson | | Evidence reviewed by
Mr Nancy Richards | | Date Filed
Jan. 29, 1960 |

DEATH CERTIFICATE STATE OF TEXAS

FEB 1 1960

| | | | |
|---------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| 1. Name of deceased
JAMES EARL RAY | 2. Date of death
JAN 4 1960 | 3. Place of death
MEMPHIS, TENN. | 4. Cause of death
MURDER |
| 5. Age at death
35 | 6. Sex
Male | 7. Race
White | 8. Marital status
Single |
| 9. Date of birth
JAN 18 1925 | 10. Place of birth
ALABAMA | 11. Occupation
None | 12. Education
None |
| 13. Name of father
None | 14. Name of mother
None | 15. Name of spouse
None | 16. Name of child
None |
| 17. Name of physician
None | 18. Name of hospital
None | 19. Name of funeral home
None | 20. Name of cemetery
None |
| 21. Name of informant
None | 22. Signature of informant
None | 23. Signature of physician
None | 24. Signature of funeral home
None |



| | | | |
|-------------------------------|------------------------------------|------------------------------------|---------------------------------------|
| 25. Name of informant
None | 26. Signature of informant
None | 27. Signature of physician
None | 28. Signature of funeral home
None |
| 29. Name of informant
None | 30. Signature of informant
None | 31. Signature of physician
None | 32. Signature of funeral home
None |
| 33. Name of informant
None | 34. Signature of informant
None | 35. Signature of physician
None | 36. Signature of funeral home
None |
| 37. Name of informant
None | 38. Signature of informant
None | 39. Signature of physician
None | 40. Signature of funeral home
None |



It is hereby certified that the foregoing is a true and correct copy of the original record as the same appears in the files of the State of Texas, Department of Health, and that the same has been reviewed and approved by the State of Texas, Department of Health.

WITNESSED my hand and the seal of the State of Texas, Department of Health, at Austin, Texas, this 1st day of February, 1960.

Attorney General

546-211-021-953

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-143

| | | | | | | | |
|--|---|-------------------------|--|------------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Agnes Louisa Nuffer | | | | 2. Date (month) (day) (year)
Of Birth May 11 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Preston | a. County
Franklin | b. City or Town of Birth
Preston Idaho | | |
| FATHER | 6. Full Name of Father
John Nuffer | | | | 7. State or Country of Father's Birth
Germany | | |
| MOTHER | 8. Full Maiden Name of Mother
Louise Zellinger | | | | 9. State or Country of Mother's Birth
Providence, Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Agnes N. Nuffer</i> | | 11. Present Address of Registrant
Downey, Idaho. |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 12th 1960 | | 12. Signature of Notary
<i>Sam Robinson</i> | | 13. Notary Commission expires
5-10 1962 | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
|---|--|---|--|--|--------------------------------------|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Church Record-Baptism | | By whom issued and signed
Downey Ward, Portneuf Stake
LDS Church | | Date issued
2-10-60 | Date Orig. Entry
May 11, 1906 | |
| | Date of Birth
May 11,
1898 | Birth Place
Franklin Co.
Preston, Idaho | Full Name of Mother
Louise Zollinger | | Name of Father
John Nuffer | | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #109779 | | Date issued | Date Orig. Entry
child born
Feb. 13, 1923 | |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother | | Name of Father | | |
| SUPPORTING
RECORD 3- | Type of Document
Church Census | | By whom issued and signed
Downey Ward, Portneuf Stake
LDS Church | | Date issued | Date Orig. Entry
May 10, 1950 | |
| | Date of Birth
May 11,
1898 | Birth Place
Preston, Idaho | Full Name of Mother | | Name of Father | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Nancy Richards | | | Date Filed
Feb. 18, 1960 | |

FEB 18 1960

Call 1-800-368-7272

| | | | | |
|---------------------------------------|------------------------|--------------------------|--------------------------|------------------------|
| 1. Name of the person or organization | 2. Address | 3. City | 4. State | 5. Zip |
| 6. Date of birth | 7. Sex | 8. Race | 9. Religion | 10. Education |
| 11. Occupation | 12. Source of income | 13. Date of last contact | 14. Date of next contact | 15. Date of last visit |
| 16. Date of last visit | 17. Date of last visit | 18. Date of last visit | 19. Date of last visit | 20. Date of last visit |

[illegible][illegible]

SECRET

434-219-033-415 DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-179

| | | | | | | | |
|--|---|-------------------------|--|--|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Sarah Elizabeth McMillan | | | | 2. Date (month) (day) (year)
Of Birth May 19 1898 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
Rexburg, Madison | | b. City or Town of Birth
Rexburg, | | |
| FATHER | 6. Full Name of Father
William McMillan | | | | 7. State or Country of Father's Birth
Murray, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Julia Elnora Daniels | | | | 9. State or Country of Mother's Birth
Ogden, Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Sarah E. Elizabeth McMillan</i> | | 11. Present Address of Registrant
Thornton, Idaho, RFD 1 |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 3 1960 | | | | 12. Signature of Notary
<i>Henry Dietrich</i> | | 13. Notary Commission expires
April 16 1960 |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|---|---|---|
| SUPPORTING RECORD 1- | Type of Document
Church Record-Baptism | | By whom issued and signed
Archer Ward, Rexburg Stake
IDS Church | Date issued
1-28-60 | Date Orig. Entry
July 1, 1917 |
| | Date of Birth
May 19, 1898 | Birth Place
Rexburg, Idaho | Full Name of Mother
Julia E. Daniels | Name of Father
William McMillan | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by aunt, age 77 | | By whom issued and signed
Evalyn Machen | Date issued
2-3-60 | Date Orig. Entry |
| | Date of Birth
May 19, 1898 | Birth Place
Madison Co., Rexburg, Idaho | Full Name of Mother
Julia Elnora Daniels McMillan | Name of Father
William McMillan | |
| SUPPORTING RECORD 3- | Type of Document
Marriage Record | | By whom issued and signed
Salt Lake County, Utah | Date issued
2-16-60 | Date Orig. Entry
Jan. 2, 1924 |
| | Date of Birth
May 19, 1898 | Birth Place
Rexburg, Idaho | Full Name of Mother
J. E. Daniels | Name of Father
Wm. McMillan | |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Nancy Richards | Date Filed
March 2, 1960 |

MAR 2 1960

STATE OF TEXAS
DEPARTMENT OF HEALTH
BIRTH REGISTRATION

| | | | | | | | | | | | |
|--|--|-----------------------------|--|------------------------------------|--|---|--|-------------------------------------|--|--|--|
| Name of Child
JOHN DAVID | | Sex
MALE | | Date of Birth
10-10-1958 | | Place of Birth
HOUSTON, TEXAS | | Hospital
HOUSTON MEMORIAL | | Physician
DR. J. D. [REDACTED] | |
| Name of Mother
MARY ELIZABETH | | Maiden Name
SMITH | | Date of Birth
05-15-1915 | | Place of Birth
HOUSTON, TEXAS | | Hospital
HOUSTON MEMORIAL | | Physician
DR. J. D. [REDACTED] | |
| Name of Father
JOHN DAVID SMITH | | Maiden Name
SMITH | | Date of Birth
03-20-1910 | | Place of Birth
HOUSTON, TEXAS | | Hospital
HOUSTON MEMORIAL | | Physician
DR. J. D. [REDACTED] | |
| Name of Grandfather
JOHN DAVID SMITH | | Maiden Name
SMITH | | Date of Birth
01-10-1875 | | Place of Birth
HOUSTON, TEXAS | | Hospital
HOUSTON MEMORIAL | | Physician
DR. J. D. [REDACTED] | |
| Name of Grandmother
MARY ELIZABETH SMITH | | Maiden Name
SMITH | | Date of Birth
08-05-1880 | | Place of Birth
HOUSTON, TEXAS | | Hospital
HOUSTON MEMORIAL | | Physician
DR. J. D. [REDACTED] | |
| Name of Great-grandfather
JOHN DAVID SMITH | | Maiden Name
SMITH | | Date of Birth
05-10-1840 | | Place of Birth
HOUSTON, TEXAS | | Hospital
HOUSTON MEMORIAL | | Physician
DR. J. D. [REDACTED] | |
| Name of Great-grandmother
MARY ELIZABETH SMITH | | Maiden Name
SMITH | | Date of Birth
02-15-1805 | | Place of Birth
HOUSTON, TEXAS | | Hospital
HOUSTON MEMORIAL | | Physician
DR. J. D. [REDACTED] | |

Signature of Registrar: _____
Date: _____

434-201-022-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-182

| | | | | | | | |
|--|---|-------------------------|-----------------------------------|-----------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Gertrude McMinn | | | | 2. Date (month) (day) (year)
Of Birth January 1 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Salem | a. County
Fremont | b. City or Town of Birth
Salem, Idaho | | |
| FATHER | 6. Full Name of Father
William McMinn William McMinn | | | | 7. State or Country of Father's Birth
Salt Lake City, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
William McMinn Maria Cox | | | | 9. State or Country of Mother's Birth
Streeter Illinois | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Gertrude McMinn</i> | | 11. Present Address of Registrant
<i>Bohi Rexburg Idaho Route 2</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 4 19 59 | | | | 12. Signature of Notary
<i>Madeline Hare</i> | | 13. Notary Commission expires
Jan. 14 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|--|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document (present at birth) | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Affidavit by aunt, age 70 | | Gertrude McNee | | 8-7-58 | |
| SUPPORTING
RECORD 2- | Date of Birth
Jan. 1, 1898 | Birth Place
Salem, Idaho | Full Name of Mother
Maria Cox | | Name of Father
William McMinn | |
| | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #117144 | | Date issued | Date Orig. Entry
child born Nov. 5, 1923 |
| SUPPORTING
RECORD 3- | Date of Birth
Jan. 1, 1898 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued | Date Orig. Entry
March 7, 1951 |
| QUALIFYING
INFORMATION | Date of Birth
Jan. 1, 1898 | Birth Place
Fremont Co. Salem, Idaho | Full Name of Mother
Maria Cox | | Name of Father
William McMinn | |
| | REGISTRAR'S CERTIFICATION
(seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| State Registrar
<i>W. H. Benson</i> | | | Evidence reviewed by
nr Nancy Richards | | Date Filed
March 3, 1960 | |

MAR 3 1961

| | | | |
|--|--|--|--|
| Name of deceased
Gertrude McKinnon | | Date of birth
January 1 1898 | |
| Place of birth
Presmont | | City or town of birth
Presmont | |
| State of birth
Alabama | | County of birth
Presmont | |
| Name of father
Marion Cox | | Name of mother
Marion Cox | |
| Date of death
March 3 1961 | | Place of death
Presmont | |
| State of death
Alabama | | County of death
Presmont | |
| Name of physician
Marion Cox | | Name of nurse
Marion Cox | |
| Signature of physician
Marion Cox | | Signature of nurse
Marion Cox | |
| Date of signature
March 3 1961 | | Place of signature
Presmont | |
| State of signature
Alabama | | County of signature
Presmont | |

| | | | |
|--|--|--|--|
| Name of deceased
Gertrude McKinnon | | Date of birth
January 1 1898 | |
| Place of birth
Presmont | | City or town of birth
Presmont | |
| State of birth
Alabama | | County of birth
Presmont | |
| Name of father
Marion Cox | | Name of mother
Marion Cox | |
| Date of death
March 3 1961 | | Place of death
Presmont | |
| State of death
Alabama | | County of death
Presmont | |
| Name of physician
Marion Cox | | Name of nurse
Marion Cox | |
| Signature of physician
Marion Cox | | Signature of nurse
Marion Cox | |
| Date of signature
March 3 1961 | | Place of signature
Presmont | |
| State of signature
Alabama | | County of signature
Presmont | |

| | | | |
|--|--|--|--|
| Name of deceased
Gertrude McKinnon | | Date of birth
January 1 1898 | |
| Place of birth
Presmont | | City or town of birth
Presmont | |
| State of birth
Alabama | | County of birth
Presmont | |
| Name of father
Marion Cox | | Name of mother
Marion Cox | |
| Date of death
March 3 1961 | | Place of death
Presmont | |
| State of death
Alabama | | County of death
Presmont | |
| Name of physician
Marion Cox | | Name of nurse
Marion Cox | |
| Signature of physician
Marion Cox | | Signature of nurse
Marion Cox | |
| Date of signature
March 3 1961 | | Place of signature
Presmont | |
| State of signature
Alabama | | County of signature
Presmont | |

299-127-026-986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-188

| | | | | | | | |
|--|---|-----------------------|---|-------------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Francis Leland Briggs</i> | | | | 2. Date (month) (day) (year)
<i>October 27 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Rigby</i> | a. County
<i>Jefferson</i> | b. City or Town of Birth
<i>Rigby</i> | | |
| FATHER | 6. Full Name of Father
<i>George Briggs</i> | | | | 7. State or Country of Father's Birth
<i>Lehi, Utah Co. Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>(MARRIED) Elsie A Rhodes</i> | | | | 9. State or Country of Mother's Birth
<i>Lehi, Utah Co. Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>[Signature]</i> | | 11. Present Address of Registrant
<i>St Rigby, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>2-23 1960</i> | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
<i>11-20 1964</i> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>Affidavit by family friend at time of birth.</i> | | By whom issued and signed
<i>O. S. Cordon</i> | Date issued
<i>2-23-60</i> | Date Orig. Entry |
| | Date of Birth
<i>Oct. 27, 1898</i> | Birth Place
<i>Jefferson Co. Rigby, Idaho</i> | Full Name of Mother
<i>Elsie Maria Rhodes</i> | Name of Father
<i>George Briggs</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Church Record-Baptism</i> | | By whom issued and signed
<i>Rigby 2nd Ward, E. Rigby Stake
LDS Church</i> | Date issued
<i>8-11-07</i> | Date Orig. Entry
<i>Aug. 3, 1907</i> |
| | Date of Birth
<i>Oct. 27, 1898</i> | Birth Place
<i>Jefferson Co. Rigby, Idaho</i> | Full Name of Mother
<i>Elsie Marie Rhodes</i> | Name of Father
<i>George Briggs</i> | |
| SUPPORTING
RECORD 3.

(age 47) | Type of Document
<i>Hospital Record</i> | | By whom issued and signed
<i>Idaho Falls LDS Hospital
Idaho Falls, Ida.</i> | Date issued
<i>2-8-60</i> | Date Orig. Entry
<i>Feb. 27, 1946</i> |
| | Date of Birth
<i>Oct. 27, 1898</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>----</i> | Name of Father
<i>----</i> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by

Nancy Richards

Date Filed

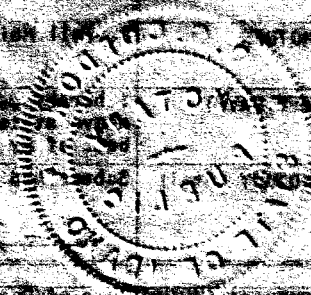
March 4, 1960

STATE OF OHIO DEPARTMENT OF HEALTH BIRTH CERTIFICATE

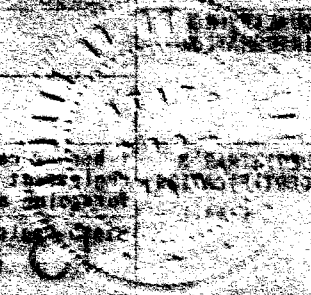
MAR 4 1960

JAN 26 1960

| | | | | | | | | | |
|-----------------------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. Name of child at birth | 2. Sex of child | 3. Date of birth | 4. Time of birth | 5. Place of birth | 6. Name of mother | 7. Name of father | 8. Name of physician | 9. Name of hospital | 10. Name of attending physician |
| 11. Name of mother at birth | 12. Name of father at birth | 13. Name of mother at present address | 14. Name of father at present address | 15. Name of mother at present address | 16. Name of father at present address | 17. Name of mother at present address | 18. Name of father at present address | 19. Name of mother at present address | 20. Name of father at present address |



| | | | | | | | | | |
|-----------------------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 21. Name of mother at birth | 22. Name of father at birth | 23. Name of mother at present address | 24. Name of father at present address | 25. Name of mother at present address | 26. Name of father at present address | 27. Name of mother at present address | 28. Name of father at present address | 29. Name of mother at present address | 30. Name of father at present address |
|-----------------------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|



| | | | | | | | | | |
|-----------------------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 31. Name of mother at birth | 32. Name of father at birth | 33. Name of mother at present address | 34. Name of father at present address | 35. Name of mother at present address | 36. Name of father at present address | 37. Name of mother at present address | 38. Name of father at present address | 39. Name of mother at present address | 40. Name of father at present address |
|-----------------------------|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|

DELAYED CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. De60-197
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|----------------------------------|---------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Peter Jeannot | | | | 2. Date (month) (day) (year)
Of Birth October 15th 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Home | a. County
Boise | b. City or Town of Birth
Garden Valley, Idaho | |
| FATHER | 6. Full Name of Father
Louis Jeannot | | | | 7. State or Country of Father's Birth
France | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Marcus | | | | 9. State or Country of Mother's Birth
Colorado | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Peter Jeannot</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
11-29 1958 | | | | 11. Present Address of Registrant
406 Mill St Dallas Oregon. | |
| | 12. Signature of Notary
<i>Stanley R. Ruby</i> | | | | 13. Notary Commission expires
My Commission Expires August 26, 1960 19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---------------------------------------|---|---|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued | Date Orig. Entry
Jan. 4, 1937 |
| | Class* B | Date of Birth
Oct. 15, 1898 | Birth Place
Garden Valley, Idaho | Full Name of Mother
----- | Name of Father
Louis Jeannot | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by brother, age 70 | | By whom issued and signed
James J. Jeannot | | Date issued
12-1-58 | Date Orig. Entry |
| | Class B | Date of Birth
Oct. 15, 1898 | Birth Place
Boise County Garden Valley, Idaho | Full Name of Mother
Mary Marcus | Name of Father
Louis Jeannot | |
| SUPPORTING
RECORD 3- | Type of Document
Union Membership book | | By whom issued and signed
Carpenters & Joiners of America Union #2623, Council, | | Date issued | Date Orig. Entry
July 12, 1941 |
| | Class | Date of Birth
Oct. 15, 1898 | Birth Place
--- | Full Name of Mother
Ida. | Name of Father
--- | |

| | | | | | | |
|---------------------------|--|--|--|--|--|--|
| QUALIFYING
INFORMATION | | | | | | |
|---------------------------|--|--|--|--|--|--|

| | | | | | | |
|--|--|--|--|--|--|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | | Evidence reviewed by
nr Nancy Richards | | Date Filed
March 8, 1960 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DEFINITION OF THE TERM "DEATH"

RECEIVED
MAR 8 1961
SEP 18 1961

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[illegible text continues]

[illegible text continues]

[illegible text continues]

[illegible text continues]

319-227-016-436

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-198

| | | | | | | |
|--|---|-------------------------|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Nellie Myrle Carson | | | 2. Date (month) (day) (year)
Of Birth November 27, 1898 | | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth a. County
Marion- Island, Cassia | b. City or Town of Birth (P.O. address)
Marion, Idaho (formerly-Island) Oakley | | |
| FATHER | 6. Full Name of Father
William V. Carson | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Melissie McFarland | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Nellie Myrle Mitchell</i> | | 11. Present Address of Registrant
<i>1919 Benant Ave
Burley, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 19 60</i> | | | 12. Signature of Notary
<i>Mack W. Crouch</i> | | 13. Notary Commission expires
<i>May 25 1961.</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by mother | | By whom issued and signed
Mary Melissie Carson | | Date issued
5-2-57 | Date Orig. Entry |
| | Date of Birth
Nov. 27,
1898 | Birth Place
Marion, Idaho
(formerly-Island) | Full Name of Mother
Mary Melissie Carson | | Name of Father
William V. Carson | |
| SUPPORTING
RECORD 2. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued | Date Orig. Entry
Nov. 12, 1943 |
| | Date of Birth
Nov. 27,
1898 | Birth Place
Cassia Co.
Oakley, Idaho | Full Name of Mother
Mary Mallisa McFarland | | Name of Father
William Vincent Carson | |
| SUPPORTING
RECORD 3. | Type of Document
Bible record-photostat | | By whom issued and signed
original viewed by Notary Public
Mack W. Crouch; Burley, Ida. | | Date issued
2-26-60 | Date Orig. Entry
old record |
| | Date of Birth
Nov. 27,
1898 | Birth Place
Cassia Co., Idaho
Marion(Island) | Full Name of Mother | | Name of Father | |

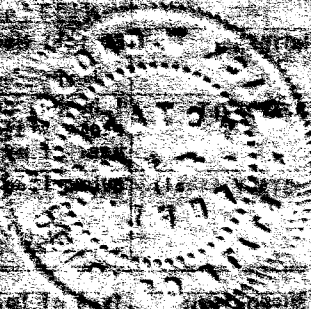
QUALIFYING INFORMATION
own child's birth certificate, Idaho #11 3672: age 24 as of June 19, 1923; born-
Marion, Idaho.

| | | | |
|--|--|--|------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. U. Benson</i> | Evidence reviewed by
nr Nancy Richards | Date Filed
March 8, 1960 |

MAR 8 1961

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

| | | | | | |
|--|--|--|--|--|--|
| 1. Name of child
John Edward Carson | | 2. Sex
Male | | 3. Date of birth
November 27, 1932 | |
| 4. Place of birth
Chicago, Illinois | | 5. Date of birth
November 27, 1932 | | 6. Name of mother
Elizabeth Carson | |
| 7. Name of father
John Edward Carson | | 8. Date of birth
November 27, 1932 | | 9. Name of mother
Elizabeth Carson | |
| 10. Name of father
John Edward Carson | | 11. Date of birth
November 27, 1932 | | 12. Name of mother
Elizabeth Carson | |
| 13. Name of father
John Edward Carson | | 14. Date of birth
November 27, 1932 | | 15. Name of mother
Elizabeth Carson | |
| 16. Name of father
John Edward Carson | | 17. Date of birth
November 27, 1932 | | 18. Name of mother
Elizabeth Carson | |
| 19. Name of father
John Edward Carson | | 20. Date of birth
November 27, 1932 | | 21. Name of mother
Elizabeth Carson | |
| 22. Name of father
John Edward Carson | | 23. Date of birth
November 27, 1932 | | 24. Name of mother
Elizabeth Carson | |
| 25. Name of father
John Edward Carson | | 26. Date of birth
November 27, 1932 | | 27. Name of mother
Elizabeth Carson | |
| 28. Name of father
John Edward Carson | | 29. Date of birth
November 27, 1932 | | 30. Name of mother
Elizabeth Carson | |
| 31. Name of father
John Edward Carson | | 32. Date of birth
November 27, 1932 | | 33. Name of mother
Elizabeth Carson | |
| 34. Name of father
John Edward Carson | | 35. Date of birth
November 27, 1932 | | 36. Name of mother
Elizabeth Carson | |
| 37. Name of father
John Edward Carson | | 38. Date of birth
November 27, 1932 | | 39. Name of mother
Elizabeth Carson | |
| 40. Name of father
John Edward Carson | | 41. Date of birth
November 27, 1932 | | 42. Name of mother
Elizabeth Carson | |
| 43. Name of father
John Edward Carson | | 44. Date of birth
November 27, 1932 | | 45. Name of mother
Elizabeth Carson | |
| 46. Name of father
John Edward Carson | | 47. Date of birth
November 27, 1932 | | 48. Name of mother
Elizabeth Carson | |
| 49. Name of father
John Edward Carson | | 50. Date of birth
November 27, 1932 | | 51. Name of mother
Elizabeth Carson | |
| 52. Name of father
John Edward Carson | | 53. Date of birth
November 27, 1932 | | 54. Name of mother
Elizabeth Carson | |
| 55. Name of father
John Edward Carson | | 56. Date of birth
November 27, 1932 | | 57. Name of mother
Elizabeth Carson | |
| 58. Name of father
John Edward Carson | | 59. Date of birth
November 27, 1932 | | 60. Name of mother
Elizabeth Carson | |
| 61. Name of father
John Edward Carson | | 62. Date of birth
November 27, 1932 | | 63. Name of mother
Elizabeth Carson | |
| 64. Name of father
John Edward Carson | | 65. Date of birth
November 27, 1932 | | 66. Name of mother
Elizabeth Carson | |
| 67. Name of father
John Edward Carson | | 68. Date of birth
November 27, 1932 | | 69. Name of mother
Elizabeth Carson | |
| 70. Name of father
John Edward Carson | | 71. Date of birth
November 27, 1932 | | 72. Name of mother
Elizabeth Carson | |
| 73. Name of father
John Edward Carson | | 74. Date of birth
November 27, 1932 | | 75. Name of mother
Elizabeth Carson | |
| 76. Name of father
John Edward Carson | | 77. Date of birth
November 27, 1932 | | 78. Name of mother
Elizabeth Carson | |
| 79. Name of father
John Edward Carson | | 80. Date of birth
November 27, 1932 | | 81. Name of mother
Elizabeth Carson | |
| 82. Name of father
John Edward Carson | | 83. Date of birth
November 27, 1932 | | 84. Name of mother
Elizabeth Carson | |
| 85. Name of father
John Edward Carson | | 86. Date of birth
November 27, 1932 | | 87. Name of mother
Elizabeth Carson | |
| 88. Name of father
John Edward Carson | | 89. Date of birth
November 27, 1932 | | 90. Name of mother
Elizabeth Carson | |
| 91. Name of father
John Edward Carson | | 92. Date of birth
November 27, 1932 | | 93. Name of mother
Elizabeth Carson | |
| 94. Name of father
John Edward Carson | | 95. Date of birth
November 27, 1932 | | 96. Name of mother
Elizabeth Carson | |
| 97. Name of father
John Edward Carson | | 98. Date of birth
November 27, 1932 | | 99. Name of mother
Elizabeth Carson | |
| 100. Name of father
John Edward Carson | | 101. Date of birth
November 27, 1932 | | 102. Name of mother
Elizabeth Carson | |



249-211-016-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-205

| | | | | | | |
|--|--|--|---|---|--------------------------------|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Sarah Elizabeth Smith | | | 2. Date (month) (day) (year)
Of Birth December 11, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Cassia Co. | b. City or Town of Birth
Oakley, Idaho | | |
| FATHER | 6. Full Name of Father
Joseph Smith | | | 7. State or Country of Father's Birth
Birmingham Warwick England | | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Elizabeth Bunn | | | 9. State or Country of Mother's Birth
Birmingham Warwick England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Sarah Elizabeth Smith | | 11. Present Address of Registrant
Rt. #2, Burley, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
Feb. 26 1960 | | | 12. Signature of Notary
Marie Burgess
Notary Public, Idaho | | 13. Notary Commission expires
for State of Idaho
Dec. 23 1966 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Church Record-Baptism | | By whom issued and signed
LDS Church -- | | Date issued | Date Orig. Entry
June 22, 1907 |
| | Date of Birth
Dec. 11, 1898 | Birth Place
Cassia Co.
Oakley, Idaho | Full Name of Mother
Sarah Elizabeth Bunn | | Name of Father
Joseph Smith | |
| SUPPORTING RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #129358 | | Date issued | Date Orig. Entry
child born
Jan. 26, 1925 |
| | Date of Birth
age 26 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING RECORD 3. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | | Date issued | Date Orig. Entry
Nov. 24, 1941 |
| | Date of Birth
Dec. 11, 1898 | Birth Place
Cassia Co.
Oakley, Idaho | Full Name of Mother
Sarah Elizabeth Bunn | | Name of Father
Joseph Smith | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | | Evidence reviewed by
nr Nancy Richards | | Date Filed
March 8, 1960 |

STATE OF IDAHO
DEPARTMENT OF REVENUE

[illegible]

1944-1945
1946-1947
1948-1949

RESULTS

● 2010 年 10 月 1 日起, 凡在境内销售的所有乘用车, 其生产企业必须按照《乘用车生产企业及产品公告》的要求, 在车辆铭牌上标注车辆的排放阶段。

下等車位

海軍

50-44138
3-25-57

[illegible]

SECRET

2016

EXHIBIT 12-1001

100-443884-1

70 100-1-33 36785-1-3

SECRET

1980

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

469-129-037-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-211

| | | | | | |
|--|---|----------------|---------------------------------------|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
George Maxwell Morrow | | | 2. Date (month) (day) (year)
Of Birth November 29, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Owyhee | | b. City or Town of Birth
Silver City |
| FATHER | 6. Full Name of Father
Robert Henry Morrow | | | 7. State or Country of Father's Birth
Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Cora Holbrook | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>George M. Morrow</i> | |
| | | | | 11. Present Address of Registrant
533 So. 14th, Boise, Idaho | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 9</i> 1960 | | | 12. Signature of Notary
<i>Hazel T. Hurlbert</i> | |
| | | | | 13. Notary Commission expires
<i>Sept. 28,</i> 1960 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--------------------------------------|--|--|---------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Own child's birth certificate | | By whom issued and signed
on file Idaho Vital Statistics, #294993 | | Date Issued
-- | Date Orig. Entry
child born
May 7, 1940 |
| | Date of Birth
age 41 | Birth Place
Silver City,
Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 2. | Type of Document
Metropolitan Life Insurance
Policy No. 736020 MI | | By whom issued and signed
Metropolitan Life Ins. Co.
New York | | Date Issued
Feb 1
1946 | Date Orig. Entry
Feb 1,
1946 |
| | Date of Birth
age Next
birthday 48 | Birth Place
-- | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by Aunt -age 74 | | By whom issued and signed
Linnie M aranda Holbrook | | Date Issued
Jan 7
1960 | Date Orig. Entry
-- |
| | Date of Birth
Nov 29,
1898 | Birth Place
Silver City, Idaho | Full Name of Mother
Cora Holbrook | | Name of Father
Robert Henry Morrow | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. BensonEvidence reviewed by
Joyce B. FoltzDate Filed
March 9, 1960

1954年10月10日

[illegible]

292-223-028-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-222

| | | | | | | |
|--|--|---|--|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ella Kate Bishop</i> | | | 2. Date (month) (day) (year)
<i>Jan 23 1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Kootenai</i> | 6. City or Town of Birth
<i>Coeur d'Alene Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Frank Lewis Bishop</i> | | | 7. State or Country of Father's Birth
<i>Michigan</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Harriet Alice Hayes</i> | | | 9. State or Country of Mother's Birth
<i>Ohio</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Ella K. Evenden</i> | | 11. Present Address of Registrant
<i>607 W Lakeshore Coeur d'Alene</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 24 19 60</i> | | | 12. Signature of Notary
<i>H. L. Martin</i> | | 13. Notary Commission expires
<i>June 20 19 60</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #156151</i> | | Date issued | Date Orig. Entry
<i>child born Oct. 23, 1927</i> |
| | Date of Birth
<i>age 29</i> | Birth Place
<i>Coeur d'Alene, Ida.</i> | Full Name of Mother
<i>-----</i> | | Name of Father
<i>-----</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Baptismal Certificate</i> | | By whom issued and signed
<i>Presbyter. Pastor (church & town not stated)</i> | | Date issued | Date Orig. Entry
<i>May 8, 1898</i> |
| | Date of Birth
<i>Jan. 23, 1898</i> | Birth Place
<i>Coeur d'Alene (State not shown)</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Affidavit by mother, age 90</i> | | By whom issued and signed
<i>Harriet A. Bishop</i> | | Date issued
<i>3-4-60</i> | Date Orig. Entry |
| | Date of Birth
<i>Jan. 23, 1898</i> | Birth Place
<i>Coeur d'Alene, Idaho</i> | Full Name of Mother
<i>Harriet A. Bishop</i> | | Name of Father
<i>Frank Lewis Bishop</i> | |
| QUALIFYING
INFORMATION | Marriage Record, Kootenai Co., Ida.; 2-9-60: age 20 as of June 10, 1918. | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
<i>nr Nancy Richards</i> | | Date Filed
<i>March 14, 1960</i> | |

REF ID: A641942 COPY 113
PAGE 70 OF 113

SECRET

366-116-044-141

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-223

| | | | | | | |
|--|--|--------------------------------|--|---|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Francis John Looney | | | 2. Date (month) (day) (year)
Of Birth November 16, 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Washington | b. City or Town of Birth
Salubria | | |
| FATHER | 6. Full Name of Father
Lorenzo McDowell Looney | | | 7. State or Country of Father's Birth
New Castle, Virginia | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Jane Adams | | | 9. State or Country of Mother's Birth
Cornwell, England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Francis John Looney</i> | | 11. Present Address of Registrant
<i>Riggins Ida</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 14 1960</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28 1960</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Family record book | | By whom issued and signed
-- | | Date issued
-- | Date Orig. Entry
obviously old |
| | Date of Birth
Nov. 16, 1898 | Birth Place
Salubria, Idaho | Full Name of Mother
Mary Jane Baker | | Name of Father
Lorenzo McDowell Looney | |
| SUPPORTING RECORD 2. | Type of Document
Statement regarding issuance of driver's license | | By whom issued and signed
Department of Law Enforcement | | Date issued
Feb. 12, 1960 | Date Orig. Entry
Feb. 25, 1952 |
| | Date of Birth
Nov. 16, 1898 | Birth Place
-- | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by neighbor at time of birth | | By whom issued and signed
Rose Sutton | | Date issued
-- | Date Orig. Entry
July 30, 1956 |
| | Date of Birth
Nov. 16, 1898 | Birth Place
Salubria, Idaho | Full Name of Mother
Mary Jane Adams Looney | | Name of Father
Lorenzo Dow Looney | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Lois Ayers | | Date Filed
March 14, 1960 | |

MAR 14 1932

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC SAFETY

State of Illinois, County of Cook, City of Chicago

| NAME | DATE OF BIRTH | PLACE OF BIRTH | EDUCATION | RELIGION | DATE OF ENTRY | DATE OF EXPIRATION | STATUS |
|-----------------|---------------|----------------|-------------|--------------|---------------|--------------------|--------|
| John Doe | 1910 | Chicago, Ill. | High School | Catholic | 1925 | 1935 | Valid |
| Jane Smith | 1915 | Chicago, Ill. | High School | Protestant | 1930 | 1940 | Valid |
| Robert Johnson | 1920 | Chicago, Ill. | High School | Methodist | 1935 | 1945 | Valid |
| Mary Lee | 1925 | Chicago, Ill. | High School | Baptist | 1940 | 1950 | Valid |
| William Brown | 1930 | Chicago, Ill. | High School | Anglican | 1945 | 1955 | Valid |
| Elizabeth White | 1935 | Chicago, Ill. | High School | Presbyterian | 1950 | 1960 | Valid |
| James Wilson | 1940 | Chicago, Ill. | High School | Evangelical | 1955 | 1965 | Valid |
| Anna Taylor | 1945 | Chicago, Ill. | High School | Quaker | 1960 | 1970 | Valid |
| Charles Green | 1950 | Chicago, Ill. | High School | Unitarian | 1965 | 1975 | Valid |
| Patricia Black | 1955 | Chicago, Ill. | High School | Secular | 1970 | 1980 | Valid |
| Richard Gray | 1960 | Chicago, Ill. | High School | Other | 1975 | 1985 | Valid |

213-203-011-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-241

| | | | | | | |
|--|---|-------------------------|-----------------------------------|-----------------------------------|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Henryella Elizabeth Ball</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>April 3 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Idaho</i> | a. County
<i>Bonners Ferry</i> | b. City or Town of Birth
<i>Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>William Henry Ball</i> | | | | 7. State or Country of Father's Birth
<i>Unknown</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>May Eliza Long</i> | | | | 9. State or Country of Mother's Birth
<i>Salem Oregon 1892-9 Oct</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>M. H. E. McAllister</i> | 11. Present Address of Registrant
<i>Yonni BC</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>11th December 1959</i> | | | | 12. Signature of Notary
<i>S. Mag.</i> | 13. Notary Commission expires
<i>31st Dec 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

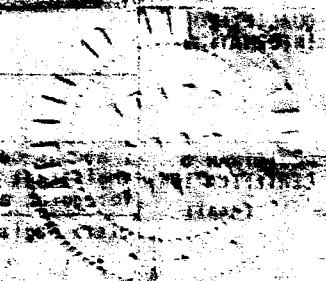
| | | | | | | |
|--|--|--|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>Family Record</i> | | By whom issued and signed
original viewed by Bureau
of Vital Statistics | | Date issued
<i>12-31-59</i> | Date Orig. Entry
<i>obviously old</i> |
| | Date of Birth
<i>April 3, 1898</i> | Birth Place
----- | Full Name of Mother
----- | | Name of Father
<i>William Henry Ball</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Marriage Registration & Marriage Certificate</i> | | By whom issued and signed
Dept. of Health
Edmonton, Alberta, Canada | | Date issued
<i>2-26-60</i> | Date Orig. Entry
<i>Aug. 6, 1917</i> |
| | Date of Birth
<i>age 19</i> | Birth Place
<i>U.S.A. Bonners Ferry, Ida.</i> | Full Name of Mother
<i>May Eliza Long</i> | | Name of Father
<i>Henry William Ball</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Hospital Record</i> | | By whom issued and signed
St. Michael's General Hospital
Lethbridge, Alberta | | Date issued
<i>1-7-59</i> | Date Orig. Entry
<i>Jan. 18, 1948</i> |
| | Date of Birth
<i>age 49</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Jensen</i> | | Evidence reviewed by
mr <i>Nancy Richards</i> | | Date Filed
<i>March 21, 1960</i> | |

MAR 22 1974

NOV 18 1974



| | | | | |
|----------------|---------------|---------------|----------------|----------------|
| NAME OF PERSON | DATE OF BIRTH | DATE OF DEATH | PLACE OF BIRTH | PLACE OF DEATH |
| JOHN DOE | 1-1-1900 | 1-1-1950 | NEW YORK | NEW YORK |
| JANE DOE | 2-2-1905 | 2-2-1955 | NEW YORK | NEW YORK |
| JOHN DOE | 3-3-1910 | 3-3-1960 | NEW YORK | NEW YORK |
| JANE DOE | 4-4-1915 | 4-4-1965 | NEW YORK | NEW YORK |
| JOHN DOE | 5-5-1920 | 5-5-1970 | NEW YORK | NEW YORK |
| JANE DOE | 6-6-1925 | 6-6-1975 | NEW YORK | NEW YORK |
| JOHN DOE | 7-7-1930 | 7-7-1980 | NEW YORK | NEW YORK |
| JANE DOE | 8-8-1935 | 8-8-1985 | NEW YORK | NEW YORK |
| JOHN DOE | 9-9-1940 | 9-9-1990 | NEW YORK | NEW YORK |
| JANE DOE | 10-10-1945 | 10-10-1995 | NEW YORK | NEW YORK |



599-125-016-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-246

| | | | | | | | | |
|--|---|----------------|---|--|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Roy Leland Erickson | | | | 2. Date (month) (day) (year)
Of Birth November 25, 1898 | | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Cassia Co. | | b. City or Town of Birth
Oakley, Idaho | | | |
| FATHER | 6. Full Name of Father
John Erickson | | | | 7. State or Country of Father's Birth
Sweden | | | |
| MOTHER | 8. Full Maiden Name of Mother
Sophia Larson | | | | 9. State or Country of Mother's Birth
Sweden | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Roy Leland Erickson</i> | | 11. Present Address of Registrant
915 Main St.
Roseville, California | |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 16 19 59 | | | | 12. Signature of Notary
<i>J. M. Tucker</i> | | 13. Notary Commission expires
July 1 19 63 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | | | |
|--|--|--|--|--|--------------------------------------|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Honorable Discharge Record | | By whom issued and signed
U. S. Army | | Date issued
discharged
3-11-23 | | Date Orig. Entry
enlisted
Nov. 29, 1919 | |
| | Date of Birth
enlistment, age
age 21 | Birth Place
Oakley, Idaho | Full Name of Mother
--- | | Name of Father
--- | | | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by sister, age 75 | | By whom issued and signed
Ella E. Croft | | Date issued
3-7-60 | | Date Orig. Entry | |
| | Date of Birth
Nov. 25,
1898 | Birth Place
Cassia Co.
Oakley, Idaho | Full Name of Mother
Sophia Larson | | Name of Father
John Erickson | | | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Application | | By whom issued and signed
Idaho Mutual Benefit Assoc. | | Date issued | | Date Orig. Entry
Aug. 4, 1942 | |
| | Date of Birth
Nov. 25,
1898 | Birth Place
Oakley, Idaho | Full Name of Mother
--- | | Name of Father
--- | | | |
| QUALIFYING
INFORMATION | | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
ses Nancy Richards | | | | Date Filed
March 22, 1960 | |

MAR 22 1961

1944

[illegible]

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|--|--|--|--|
| <p>1940-1941</p> <p>1942-1943</p> <p>1944-1945</p> <p>1946-1947</p> <p>1948-1949</p> <p>1950-1951</p> <p>1952-1953</p> <p>1954-1955</p> <p>1956-1957</p> <p>1958-1959</p> <p>1960-1961</p> <p>1962-1963</p> <p>1964-1965</p> <p>1966-1967</p> <p>1968-1969</p> <p>1970-1971</p> <p>1972-1973</p> <p>1974-1975</p> <p>1976-1977</p> <p>1978-1979</p> <p>1980-1981</p> <p>1982-1983</p> <p>1984-1985</p> <p>1986-1987</p> <p>1988-1989</p> <p>1990-1991</p> <p>1992-1993</p> <p>1994-1995</p> <p>1996-1997</p> <p>1998-1999</p> <p>2000-2001</p> <p>2002-2003</p> <p>2004-2005</p> <p>2006-2007</p> <p>2008-2009</p> <p>2010-2011</p> <p>2012-2013</p> <p>2014-2015</p> <p>2016-2017</p> <p>2018-2019</p> <p>2020-2021</p> <p>2022-2023</p> <p>2024-2025</p> | <p>1940-1941</p> <p>1942-1943</p> <p>1944-1945</p> <p>1946-1947</p> <p>1948-1949</p> <p>1950-1951</p> <p>1952-1953</p> <p>1954-1955</p> <p>1956-1957</p> <p>1958-1959</p> <p>1960-1961</p> <p>1962-1963</p> <p>1964-1965</p> <p>1966-1967</p> <p>1968-1969</p> <p>1970-1971</p> <p>1972-1973</p> <p>1974-1975</p> <p>1976-1977</p> <p>1978-1979</p> <p>1980-1981</p> <p>1982-1983</p> <p>1984-1985</p> <p>1986-1987</p> <p>1988-1989</p> <p>1990-1991</p> <p>1992-1993</p> <p>1994-1995</p> <p>1996-1997</p> <p>1998-1999</p> <p>2000-2001</p> <p>2002-2003</p> <p>2004-2005</p> <p>2006-2007</p> <p>2008-2009</p> <p>2010-2011</p> <p>2012-2013</p> <p>2014-2015</p> <p>2016-2017</p> <p>2018-2019</p> <p>2020-2021</p> <p>2022-2023</p> <p>2024-2025</p> | <p>1940-1941</p> <p>1942-1943</p> <p>1944-1945</p> <p>1946-1947</p> <p>1948-1949</p> <p>1950-1951</p> <p>1952-1953</p> <p>1954-1955</p> <p>1956-1957</p> <p>1958-1959</p> <p>1960-1961</p> <p>1962-1963</p> <p>1964-1965</p> <p>1966-1967</p> <p>1968-1969</p> <p>1970-1971</p> <p>1972-1973</p> <p>1974-1975</p> <p>1976-1977</p> <p>1978-1979</p> <p>1980-1981</p> <p>1982-1983</p> <p>1984-1985</p> <p>1986-1987</p> <p>1988-1989</p> <p>1990-1991</p> <p>1992-1993</p> <p>1994-1995</p> <p>1996-1997</p> <p>1998-1999</p> <p>2000-2001</p> <p>2002-2003</p> <p>2004-2005</p> <p>2006-2007</p> <p>2008-2009</p> <p>2010-2011</p> <p>2012-2013</p> <p>2014-2015</p> <p>2016-2017</p> <p>2018-2019</p> <p>2020-2021</p> <p>2022-2023</p> <p>2024-2025</p> | <p>1940-1941</p> <p>1942-1943</p> <p>1944-1945</p> <p>1946-1947</p> <p>1948-1949</p> <p>1950-1951</p> <p>1952-1953</p> <p>1954-1955</p> <p>1956-1957</p> <p>1958-1959</p> <p>1960-1961</p> <p>1962-1963</p> <p>1964-1965</p> <p>1966-1967</p> <p>1968-1969</p> <p>1970-1971</p> <p>1972-1973</p> <p>1974-1975</p> <p>1976-1977</p> <p>1978-1979</p> <p>1980-1981</p> <p>1982-1983</p> <p>1984-1985</p> <p>1986-1987</p> <p>1988-1989</p> <p>1990-1991</p> <p>1992-1993</p> <p>1994-1995</p> <p>1996-1997</p> <p>1998-1999</p> <p>2000-2001</p> <p>2002-2003</p> <p>2004-2005</p> <p>2006-2007</p> <p>2008-2009</p> <p>2010-2011</p> <p>2012-2013</p> <p>2014-2015</p> <p>2016-2017</p> <p>2018-2019</p> <p>2020-2021</p> <p>2022-2023</p> <p>2024-2025</p> |
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[illegible]

493-220-007-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-264

| | | | | | | | |
|--|---|-------------------------|------------------------------------|----------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Irma Minerva Miley | | | | 2. Date (month) (day) (year)
Of Birth June 20 1898 | | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
U.S.A. | a. County
Blaine | b. City or Town of Birth
Hailey, Idaho | | |
| FATHER | 6. Full Name of Father
John Harmon Miley | | | | 7. State or Country of Father's Birth
Indiana, U.S.A. | | |
| MOTHER | 8. Full Maiden Name of Mother
Minerva Jane Miley | | | | 9. State or Country of Mother's Birth
Kansas, U.S.A. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Irma Minerva Miley Wood</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
3/22 1960 | | | | 11. Present Address of Registrant
P.O. Box 326 Depoe Bay, Ore. | | |
| | 12. Signature of Notary
<i>W. W. Benson</i> | | | | 13. Notary Commission expires
12/1 1962 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|-------------------------------------|---|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by Aunt | | By whom issued and signed
Bessie Benson | | Date issued
-- | Date Orig. Entry
Feb. 4, 1946 |
| | Date of Birth
June 20, 1898 | Birth Place
Hailey, Idaho | Full Name of Mother
Minerva Jane Benson | | Name of Father
John Harmon Miley | |
| SUPPORTING RECORD 2. | Type of Document
Census Record | | By whom issued and signed
U. S. Dept. of Commerce Bureau of the Census | | Date issued
Sept. 21, 1959 | Date Orig. Entry
census of June 1, 1900 |
| | Date of Birth
age 1 | Birth Place
Idaho | Full Name of Mother
Minerva J. Miley | | Name of Father
John H. Miley | |
| SUPPORTING RECORD 3. | Type of Document
Statement regarding School record | | By whom issued and signed
T. C. Bird, Superintendent Boise Public Schools | | Date issued
Oct. 22, 1958 | Date Orig. Entry
entered school 1907 |
| | Date of Birth
age 9 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
-- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Lois Ayers | Date Filed
March 25, 1960 |

STATE OF TEXAS
COUNTY OF DALLAS

100-324744-4142 ajs:2

1. NAME _____
 2. ADDRESS _____
 3. CITY _____
 4. STATE _____
 5. ZIP _____
 6. DATE _____
 7. SIGNATURE _____
 8. PRINT NAME _____
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 217. PRINT SIGNATURE _____
 218. PRINT NAME _____
 219. PRINT ADDRESS _____
 220. PRINT CITY _____<

[illegible][illegible]

493-102-006-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-286

| | | | | | |
|--|---|----------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
George Thomas Mitchell | | | 2. Date (month) (day) (year)
Of Birth April 7, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Bingham Co. | b. City or Town of Birth
Shelley, Idaho | |
| FATHER | 6. Full Name of Father
Thomas Mitchell | | | 7. State or Country of Father's Birth
Utah, Hooper | |
| MOTHER | 8. Full Maiden Name of Mother
Louisa Evans | | | 9. State or Country of Mother's Birth
Preston, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>George T. Mitchell</i> | 11. Present Address of Registrant
1919 Conant Ave.
Burley, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 11 1960 | | | 12. Signature of Notary
<i>Mark W. Branch</i> | 13. Notary Commission expires
May 25th 1961. |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|--|--|-----------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Social Security Record | | By whom issued and signed
Treasury Dept. | Date issued | Date Orig. Entry
Nov. 29, 1943 |
| | Date of Birth
April 7, 1898 | Birth Place
Bingham Co.
Shelley, Idaho | Full Name of Mother
Louisa Evans | Name of Father
Thomas Mitchell | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #113672 | Date issued | Date Orig. Entry
child born
June 19, 1923 |
| | Date of Birth
age 25 | Birth Place
Shelley, Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 3- | Type of Document
Marriage Record | | By whom issued and signed
Frank B. Kearns, Co. Recorder
Cassia Co., Burley, Ida. | Date issued
3-24-60 | Date Orig. Entry
June 19, 1920 |
| | Date of Birth
age 22 | Birth Place
--- | Full Name of Mother
--- | Name of Father
--- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by

nr

Nancy Richards

Date Filed

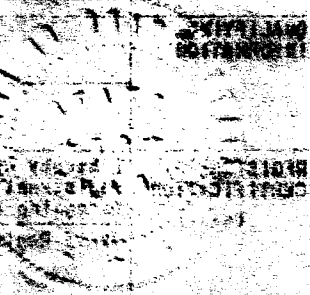
March 30, 1960

DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE

3-9-60

[illegible]

| Serial | Class | Accession | Inventory | Remarks |
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| 10 | ... | ... | ... | ... |



CONFIDENTIAL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-10-2001 BY [REDACTED]

CONFIDENTIAL

522-220-036-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-318

| | | | | | |
|--|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Cora Jeannetta Eskelsen | | | 2. Date (month) (day) (year)
Of Birth March 20, 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Oneida Co. | b. City or Town of Birth
Mink Creek, Idaho | |
| FATHER | 6. Full Name of Father
Eskel Eskelsen | | | 7. State or Country of Father's Birth
Denmark | |
| MOTHER | 8. Full Maiden Name of Mother
Minnie Christensen | | | 9. State or Country of Mother's Birth
Denmark | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Cora Jeannetta Brewitt | |
| NOTARY (Seal) | Subscribed and sworn to before me on March 11, 1960 | | | 11. Present Address of Registrant
3832 N. Foster
Baldwin Park, California
12. Signature of Notary
Wayne A. Briles
13. Notary Commission expires
WAYNE A. BRILES, Notary Public
in and for the County of Los Angeles, State of California
My Commission Expires Jan. 22, 1962 | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by brother, age 83 | | By whom issued and signed
Nels C. Eskelsen | | Date issued
2-22-60 |
| | Date of Birth
March 20, 1898 | Birth Place
Mink Creek, Idaho | Full Name of Mother
Minnie Eskelsen | | Name of Father
Eskel Eskelsen |
| SUPPORTING
RECORD 2. | Type of Document
Certificate of Baptism | | By whom issued and signed
Mink Creek Ward, IDS Church
Mink Creek, Idaho | | Date issued |
| | Date of Birth
March 20, 1898 | Birth Place
Oneida Co.
Mink Creek, Idaho | Full Name of Mother
Minnie Christensen | | Name of Father
Eskel Eskelsen |
| SUPPORTING
RECORD 3. | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho #73428 | | Date issued
- |
| | Date of Birth
age 21 | Birth Place
Idaho | Full Name of Mother
-- | | Date Orig. Entry
child born
Oct 10, 1919 |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
nr Joyce B. Foltz | | Date Filed
April 13, 1960 |

STATE OF IDAHO
RELATED CERTIFICATE OF BIRTH

85-4341-1014

March 20 09-04 11:41
 00:00:00 00:00:00 00:00:00
 00:00:00 00:00:00 00:00:00

| | |
|---|--|
| <p>STATE OF NEW YORK</p> <p>In SENATE,</p> <p>January 10, 1917.</p> <p>REPORT</p> <p>OF THE</p> <p>COMMISSIONER OF EDUCATION</p> <p>IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE, MARCH 18, 1916.</p> | <p>ALBANY:</p> <p>PUBLISHED BY THE STATE PRINTING OFFICE,</p> <p>1917.</p> |
|---|--|

[illegible]

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-01-2001 BY 60322 UCBAW

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316-1 31-0 31-316

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-355

| | | | | | | |
|--|--|--------------------------------|---|----------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>CARTOLL Willet Lawrence</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>JAN. 31 1898</i> | |
| | 3. Color or Race
<i>W.</i> | 4. Sex
<i>M</i> | 5. Place of Birth
<i>Idaho</i> | a. County,
<i>Lewis</i> | b. City or Town of Birth
<i>Nez Perce</i> | |
| FATHER | 6. Full Name of Father
<i>Chas. Willet Lawrence</i> | | | | 7. State or Country of Father's Birth
<i>N. Carolina</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Ellen Lawrence</i> | | | | 9. State or Country of Mother's Birth
<i>Missouri</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Carroll W. Lawrence</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 1 1960</i> | | | | 11. Present Address of Registrant
<i>Baldwell, Idaho</i> | |
| | 12. Signature of Notary
<i>John W. Boye</i> | | | | 13. Notary Commission expires
<i>May 18 1962</i> | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Application for Insurance Policy | | By whom issued and signed
Idaho Mutual Benefit Asso.
Boise, Idaho | | Date issued
-- | Date Orig. Entry
Jan. 1, 1936 |
| | Date of Birth
Jan. 31, 1898 | Birth Place
NezPerce, Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics
#192662 | | Date issued
-- | Date Orig. Entry
child born
May 14, 1930 |
| | Date of Birth
age 32 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by Uncle | | By whom issued and signed
H. H. Denham | | Date issued
-- | Date Orig. Entry
April 20, 1960 |
| | Date of Birth
Jan. 31, 1898 | Birth Place
Nez Perce | Full Name of Mother
Mary Ellen Denham Lawrence | | Name of Father
Charles Willet Lawrence | |
| QUALIFYING
INFORMATION | Business Men's Assurance Company Policy #L-45262, issued Sept. 15, 1927, gives birthdate as Jan. 31, 1898, and birthplace as NezPerce, Idaho. | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Date Filed | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
la
Lois Ayers | | April 22, 1960 | |

APR 22 1960

STATE OF TEXAS
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

| | | | | | |
|---|--|--|--|---|--|
| REGISTRATION
Date of Birth: <u>12-15-1937</u>
Place of Birth: <u>San Antonio, Texas</u>
Sex: <u>M</u>
Race: <u>W</u>
Color: <u>W</u>
Height: <u>5' 10"</u>
Weight: <u>160 lbs</u>
Eyes: <u>B</u>
Hair: <u>B</u>
Skin: <u>Fair</u>
Birthmarks: <u>None</u>
Signature of Registrar: <u>[Signature]</u>
Date: <u>4-22-60</u> | | FATHER
Name: <u>JOHN W. BROWN</u>
Date of Birth: <u>1-15-1905</u>
Place of Birth: <u>San Antonio, Texas</u>
Occupation: <u>Engineer</u>
Signature: <u>[Signature]</u>
Date: <u>4-22-60</u> | | MOTHER
Name: <u>MARY E. BROWN</u>
Date of Birth: <u>3-10-1910</u>
Place of Birth: <u>San Antonio, Texas</u>
Occupation: <u>Homemaker</u>
Signature: <u>[Signature]</u>
Date: <u>4-22-60</u> | |
| CHILD'S NAME
Full Name: <u>JOHN W. BROWN</u>
Date of Birth: <u>12-15-1937</u>
Place of Birth: <u>San Antonio, Texas</u>
Sex: <u>M</u>
Race: <u>W</u>
Color: <u>W</u>
Height: <u>5' 10"</u>
Weight: <u>160 lbs</u>
Eyes: <u>B</u>
Hair: <u>B</u>
Skin: <u>Fair</u>
Birthmarks: <u>None</u>
Signature of Registrar: <u>[Signature]</u>
Date: <u>4-22-60</u> | | FATHER
Name: <u>JOHN W. BROWN</u>
Date of Birth: <u>1-15-1905</u>
Place of Birth: <u>San Antonio, Texas</u>
Occupation: <u>Engineer</u>
Signature: <u>[Signature]</u>
Date: <u>4-22-60</u> | | MOTHER
Name: <u>MARY E. BROWN</u>
Date of Birth: <u>3-10-1910</u>
Place of Birth: <u>San Antonio, Texas</u>
Occupation: <u>Homemaker</u>
Signature: <u>[Signature]</u>
Date: <u>4-22-60</u> | |

863-103-001-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De60-359**

| | | | | | | |
|---|---|--------------------|---------------------------------|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
HENRY HOLVERSON | | | 2. Date (month) (day) (year)
Of Birth OCTOBER 3 1898 | | |
| | 3. Color or Race
WHITE | 4. Sex
M | 5. Place of Birth
ADA | b. City or Town of Birth
STAR | | |
| FATHER | 6. Full Name of Father
JOHN HOLVERSON | | | 7. State or Country of Father's Birth
MINNESOTA | | |
| MOTHER | 8. Full Maiden Name of Mother
LAURA HOLMAN | | | 9. State or Country of Mother's Birth
ILLINOIS | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Henry Holverson</i> | | 11. Present Address of Registrant
CHALLIS, IDAHO |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 17 1960 | | | 12. Signature of Notary
<i>J. Leslie Sharp</i> | | 13. Notary Commission expires
March 17 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|---|---|---|---|--|
| SUPPORTING RECORD 1. | Type of Document
(Honorable Discharge)
Service Record | | By whom issued and signed
U. S. Army | Date issued
discharged 5-4-19 | Date Orig. Entry
Enlisted Aug. 1, 1917 |
| | Date of Birth
18 years | Birth Place
Star, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Custer Co., Idaho #41 | Date issued | Date Orig. Entry
Nov. 3, 1950 |
| | Date of Birth
age 52 | Birth Place
Star, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING RECORD 3. | Type of Document
Application for Social Security Account Number | | By whom issued and signed
Treasury Department | Date issued
---- | Date Orig. Entry
Sept 25, 1947 |
| | Date of Birth
Oct 3, 1898 | Birth Place
Star, Idaho Ada Co. | Full Name of Mother
Laura Ogelsby | Name of Father
John Holverson | |

QUALIFYING INFORMATION
Honorable Discharge, U. S. Army; discharged 2-11-43: age 43 as of Aug. 18, 1942; born in Star, Idaho.

| | | | |
|--|--|--|--|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
nr Joyce B. Foltz | Date Filed
April 25, 1960
April 25, 1960 |

APR 25 1968

STATE OF TEXAS
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

| | | | | | |
|--|--|--|--|--|--|
| 1. NAME OF CHILD
JAMES EARL RAY | | 2. DATE OF BIRTH
MAY 19 1928 | | 3. PLACE OF BIRTH
MOBILE, ALABAMA | |
| 4. SEX
MALE | | 5. RACE
WHITE | | 6. HEIGHT
5' 11" | |
| 7. WEIGHT
175 | | 8. HAIR
BROWN | | 9. EYES
BLUE | |
| 10. MOTHER'S NAME
MADEIRA E. RAY | | 11. FATHER'S NAME
JAMES EARL RAY | | 12. MOTHER'S MAIDEN NAME
MADEIRA E. RAY | |
| 13. DATE OF MARRIAGE
MAY 19 1954 | | 14. PLACE OF MARRIAGE
MOBILE, ALABAMA | | 15. NAME OF MINISTER
JAMES EARL RAY | |
| 16. NAME OF WITNESS
JAMES EARL RAY | | 17. NAME OF WITNESS
JAMES EARL RAY | | 18. NAME OF WITNESS
JAMES EARL RAY | |
| 19. NAME OF WITNESS
JAMES EARL RAY | | 20. NAME OF WITNESS
JAMES EARL RAY | | 21. NAME OF WITNESS
JAMES EARL RAY | |
| 22. NAME OF WITNESS
JAMES EARL RAY | | 23. NAME OF WITNESS
JAMES EARL RAY | | 24. NAME OF WITNESS
JAMES EARL RAY | |
| 25. NAME OF WITNESS
JAMES EARL RAY | | 26. NAME OF WITNESS
JAMES EARL RAY | | 27. NAME OF WITNESS
JAMES EARL RAY | |
| 28. NAME OF WITNESS
JAMES EARL RAY | | 29. NAME OF WITNESS
JAMES EARL RAY | | 30. NAME OF WITNESS
JAMES EARL RAY | |
| 31. NAME OF WITNESS
JAMES EARL RAY | | 32. NAME OF WITNESS
JAMES EARL RAY | | 33. NAME OF WITNESS
JAMES EARL RAY | |
| 34. NAME OF WITNESS
JAMES EARL RAY | | 35. NAME OF WITNESS
JAMES EARL RAY | | 36. NAME OF WITNESS
JAMES EARL RAY | |
| 37. NAME OF WITNESS
JAMES EARL RAY | | 38. NAME OF WITNESS
JAMES EARL RAY | | 39. NAME OF WITNESS
JAMES EARL RAY | |
| 40. NAME OF WITNESS
JAMES EARL RAY | | 41. NAME OF WITNESS
JAMES EARL RAY | | 42. NAME OF WITNESS
JAMES EARL RAY | |
| 43. NAME OF WITNESS
JAMES EARL RAY | | 44. NAME OF WITNESS
JAMES EARL RAY | | 45. NAME OF WITNESS
JAMES EARL RAY | |
| 46. NAME OF WITNESS
JAMES EARL RAY | | 47. NAME OF WITNESS
JAMES EARL RAY | | 48. NAME OF WITNESS
JAMES EARL RAY | |
| 49. NAME OF WITNESS
JAMES EARL RAY | | 50. NAME OF WITNESS
JAMES EARL RAY | | 51. NAME OF WITNESS
JAMES EARL RAY | |
| 52. NAME OF WITNESS
JAMES EARL RAY | | 53. NAME OF WITNESS
JAMES EARL RAY | | 54. NAME OF WITNESS
JAMES EARL RAY | |
| 55. NAME OF WITNESS
JAMES EARL RAY | | 56. NAME OF WITNESS
JAMES EARL RAY | | 57. NAME OF WITNESS
JAMES EARL RAY | |
| 58. NAME OF WITNESS
JAMES EARL RAY | | 59. NAME OF WITNESS
JAMES EARL RAY | | 60. NAME OF WITNESS
JAMES EARL RAY | |
| 61. NAME OF WITNESS
JAMES EARL RAY | | 62. NAME OF WITNESS
JAMES EARL RAY | | 63. NAME OF WITNESS
JAMES EARL RAY | |
| 64. NAME OF WITNESS
JAMES EARL RAY | | 65. NAME OF WITNESS
JAMES EARL RAY | | 66. NAME OF WITNESS
JAMES EARL RAY | |
| 67. NAME OF WITNESS
JAMES EARL RAY | | 68. NAME OF WITNESS
JAMES EARL RAY | | 69. NAME OF WITNESS
JAMES EARL RAY | |
| 70. NAME OF WITNESS
JAMES EARL RAY | | 71. NAME OF WITNESS
JAMES EARL RAY | | 72. NAME OF WITNESS
JAMES EARL RAY | |
| 73. NAME OF WITNESS
JAMES EARL RAY | | 74. NAME OF WITNESS
JAMES EARL RAY | | 75. NAME OF WITNESS
JAMES EARL RAY | |
| 76. NAME OF WITNESS
JAMES EARL RAY | | 77. NAME OF WITNESS
JAMES EARL RAY | | 78. NAME OF WITNESS
JAMES EARL RAY | |
| 79. NAME OF WITNESS
JAMES EARL RAY | | 80. NAME OF WITNESS
JAMES EARL RAY | | 81. NAME OF WITNESS
JAMES EARL RAY | |
| 82. NAME OF WITNESS
JAMES EARL RAY | | 83. NAME OF WITNESS
JAMES EARL RAY | | 84. NAME OF WITNESS
JAMES EARL RAY | |
| 85. NAME OF WITNESS
JAMES EARL RAY | | 86. NAME OF WITNESS
JAMES EARL RAY | | 87. NAME OF WITNESS
JAMES EARL RAY | |
| 88. NAME OF WITNESS
JAMES EARL RAY | | 89. NAME OF WITNESS
JAMES EARL RAY | | 90. NAME OF WITNESS
JAMES EARL RAY | |
| 91. NAME OF WITNESS
JAMES EARL RAY | | 92. NAME OF WITNESS
JAMES EARL RAY | | 93. NAME OF WITNESS
JAMES EARL RAY | |
| 94. NAME OF WITNESS
JAMES EARL RAY | | 95. NAME OF WITNESS
JAMES EARL RAY | | 96. NAME OF WITNESS
JAMES EARL RAY | |
| 97. NAME OF WITNESS
JAMES EARL RAY | | 98. NAME OF WITNESS
JAMES EARL RAY | | 99. NAME OF WITNESS
JAMES EARL RAY | |
| 100. NAME OF WITNESS
JAMES EARL RAY | | 101. NAME OF WITNESS
JAMES EARL RAY | | 102. NAME OF WITNESS
JAMES EARL RAY | |

993-201-035-283

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-388

| | | | | | | |
|--|--|--|--|--|--------------------------------------|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Eva Irene Rice</i> | | | 2. Date (month) (day) (year)
Of Birth <i>Aug</i> <i>1</i> <i>1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>Female</i> | 5. Place of Birth a. County
<i>Nez Perce</i> | b. City or Town of Birth
<i>Rosetta</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas Marion Rice</i> | | | 7. State or Country of Father's Birth
<i>Arkansas</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Emma Vivian Sylvester</i> | | | 9. State or Country of Mother's Birth
<i>Portland Oregon</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Eva Irene Rice</i> | | 11. Present Address of Registrant
<i>Redmond Oregon</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 18 1960</i> | | | 12. Signature of Notary
<i>R. Donald Wells</i> | | 13. Notary Commission expires
<i>July 16 1960</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
own child's birth certificate | | By whom issued and signed
Oregon #82 | | Date issued
8-23-47 | Date Orig. Entry
child born
Dec. 29, 1920 |
| | Date of Birth
age 22 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document application
for social security account
number | | By whom issued and signed
Treasury Department | | Date issued
--- | Date Orig. Entry
June 18, 1944 |
| | Date of Birth
Aug. 1,
1898 | Birth Place
Rosetta, Idaho
Nez Perce co. | Full Name of Mother
Emma Vivian Sylvester | | Name of Father
Thomas Marion Rice | |
| SUPPORTING
RECORD 3. | Type of Document certified copy
School Census Marshal's
Report, Dist. 32 | | By whom issued and signed
A. L. Lyons, Clerk of Court
Nez Perce co., Idaho | | Date issued
April 11
1960 | Date Orig. Entry
September 1915 |
| | Date of Birth
age 17 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
Thos. Rice | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
nr Joyce B. Foltz | | Date Filed
May 11, 1960 | |

MAY 11 1966

DATE: 10-2-78

Page 2 of 2

| NAME | DATE OF BIRTH | DATE OF DEATH | PLACE OF BIRTH | PLACE OF DEATH | CAUSE OF DEATH | DATE OF BURIAL | PLACE OF BURIAL | DATE OF INTERMENT | PLACE OF INTERMENT |
|---------------|---------------|---------------|----------------|----------------|----------------|----------------|-----------------|-------------------|--------------------|
| JOHN J. BROWN | 1875 | 1945 | NEW YORK | NEW YORK | HEART DISEASE | 1945 | NEW YORK | 1945 | NEW YORK |
| MARY J. BROWN | 1880 | 1940 | NEW YORK | NEW YORK | HEART DISEASE | 1940 | NEW YORK | 1940 | NEW YORK |
| JOHN J. BROWN | 1875 | 1945 | NEW YORK | NEW YORK | HEART DISEASE | 1945 | NEW YORK | 1945 | NEW YORK |
| MARY J. BROWN | 1880 | 1940 | NEW YORK | NEW YORK | HEART DISEASE | 1940 | NEW YORK | 1940 | NEW YORK |

1. The above information was obtained from a review of the files of the Central Intelligence Agency, Department of Defense, and the Department of State, and is being furnished to you for your information.

Page 11 of 11

[illegible]

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197-212-008-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-391

| | | | | | | | |
|--|---|------------------|---|---------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Mildren Argabright | | | | 2. Date (month) (day) (year)
Of Birth May 17 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Garden Valley, Idaho | 6. County
Boise, Idaho | 7. City or Town of Birth
Garden Valley | | |
| FATHER | 6. Full Name of Father
Llewellyn Argabright | | | | 7. State or Country of Father's Birth
Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Belle Roberts | | | | 9. State or Country of Mother's Birth
Missouri | | |
| AFFIDAVIT - | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Mildren Argabright | | 11. Present Address of Registrant
5005 State Street |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 10 1960 | | 12. Signature of Notary
Theresa R. Carroll | | 13. Notary Commission expires
Apr. 5 1963 | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|------------------------------------|---|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics
#110495 | | Date issued
-- | Date Orig. Entry
child born
April 9, 1923 |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
--- | |
| SUPPORTING
RECORD 2- | Type of Document
Statement regarding insurance policy (#33 253 331) | | By whom issued and signed
Metropolitan Life Ins. Co.,
San Francisco, California | | Date issued
April 8, 1960 | Date Orig. Entry
Aug. 23, 1926 |
| | Date of Birth
next birthday
age 29 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by Sister | | By whom issued and signed
Clara Glennon | | Date issued
-- | Date Orig. Entry
May 9, 1960 |
| | Date of Birth
May 12, 1898 | Birth Place
Garden Valley, Ida. | Full Name of Mother
Martha Belle Roberts | | Name of Father
Llewellyn Argabright | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
la la
Lois Ayers | Date Filed
May 10, 1960 |

190-391

DEATH CERTIFICATE OF BIRTH

MAY 11 1960

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

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593-212-041-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-413

| | | | | | | |
|--|---|------------------|--------------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Della Pearl Nickell | | | 2. Date (month) (day) (year)
Of Birth May 12, 1898 | | |
| | 3. Color or Race
White | 4. Sex
FEMALE | 5. Place of Birth a. County
Teton | b. City or Town of Birth
Darby (Driggs) Idaho | | |
| FATHER | 6. Full Name of Father
William Washington Nickell, | | | 7. State or Country of Father's Birth
Missouri | | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Alice Acton | | | 9. State or Country of Mother's Birth
Fairview, Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Della Pearl Nickell Stewart</i> | | 11. Present Address of Registrant
Felt, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 21</i> 1958 | | | 12. Signature of Notary
<i>Nurghit W. Looali</i> | | 13. Notary Commission expires
<i>June 20</i> 1960 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|---|--|-----------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #294132 | Date issued | Date Orig. Entry
child born
March 19, 1940 |
| | Date of Birth
age 41 | Birth Place
Driggs, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
Mutual Benefit Health & | Date issued
9-21-49 | Date Orig. Entry
Sept. 13, 1949 |
| | Date of Birth
age 51 | Birth Place
--- | Full Name of Mother Accident Assoc
----- | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document Statement
regarding church record | | By whom issued and signed
Adrian H. Cook, Ward Clerk
L.D.S. Church | Date issued
--- | Date Orig. Entry
baptized
June 11, 1922 |
| | Date of Birth
May 12, 1898 | Birth Place
Darby, Idaho
Fremont county | Full Name of Mother
Sarah Acton | Name of Father
William Nickell | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
mr Joyce B. Foltz | Date Filed
May 18, 1960 | |

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De60-428**
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|---|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Horace Robert Howell | | | | 2. Date (month) (day) (year)
Of Birth May 16, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Elmore | | b. City or Town of Birth
Glenns Ferry, Idaho | |
| FATHER | 6. Full Name of Father
Haines Robert Howell | | | | 7. State or Country of Father's Birth
California | |
| MOTHER | 8. Full Maiden Name of Mother
Lucy Field | | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Horace R. Howell</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 16 1960</i> | | | | 11. Present Address of Registrant
257 So. 12th Avenue
Pocatello, Idaho | |
| | 12. Signature of Notary
<i>Loretta K. Fletcher</i> | | | | 13. Notary Commission expires
<i>December 15 1960</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|---|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Photostatic copy for application of Insurance Policy | | By whom issued and signed
Beneficial Life Ins. Co. of Utah #187088 | | Date issued
-- |
| | Date of Birth
May 16, 1898 | Birth Place
Glenns Ferry, Ida | Full Name of Mother
--- | | Date Orig. Entry
Oct. 28, 1938 |
| SUPPORTING RECORD 2. | Type of Document
Enlistment Record | | By whom issued and signed
U. S. Navy | | Date issued
Dec. 11, 1918 |
| | Date of Birth
May 16, 1898 | Birth Place
Glenns Ferry, Idaho | Full Name of Mother
--- | | Date Orig. Entry
Dec. 11, 1918 |
| SUPPORTING RECORD 3. | Type of Document
Photostatic copy for app. of Social Security Number | | By whom issued and signed
U.S. Treasury Dept. #519-12-7079 | | Date issued
-- |
| | Date of Birth
May 16, 1898 | Birth Place
Glenns Ferry, Idaho | Full Name of Mother
Lucy Field | | Date Orig. Entry
Aug. 25, 1939 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | | | | | |
| State Registrar
W. W. Benson | | | Evidence reviewed by
Lois Ayers | | Date Filed
May 19, 1960 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1960 JAN 20

1961 JAN 12

| | | | |
|------------|--|------------------|-------|
| NAME | HOWARD ROBERT HOWELL | DATE OF BIRTH | 1928 |
| SEX | MALE | PLACE OF BIRTH | IDAHO |
| EDUCATION | HIGH SCHOOL | DATE OF DEATH | |
| RELIGION | | DATE OF MARRIAGE | |
| PROFESSION | | DATE OF DIVORCE | |
| RESIDENCE | 227 S. 12th Avenue, Boise, Idaho | DATE OF ENTRY | |
| REMARKS | This is a true and correct copy of the original record as it appears in the files of the State of Idaho. | | |

| | | | |
|------------|--|------------------|-------|
| NAME | HOWARD ROBERT HOWELL | DATE OF BIRTH | 1928 |
| SEX | MALE | PLACE OF BIRTH | IDAHO |
| EDUCATION | HIGH SCHOOL | DATE OF DEATH | |
| RELIGION | | DATE OF MARRIAGE | |
| PROFESSION | | DATE OF DIVORCE | |
| RESIDENCE | 227 S. 12th Avenue, Boise, Idaho | DATE OF ENTRY | |
| REMARKS | This is a true and correct copy of the original record as it appears in the files of the State of Idaho. | | |

| | | | |
|------------|--|------------------|-------|
| NAME | HOWARD ROBERT HOWELL | DATE OF BIRTH | 1928 |
| SEX | MALE | PLACE OF BIRTH | IDAHO |
| EDUCATION | HIGH SCHOOL | DATE OF DEATH | |
| RELIGION | | DATE OF MARRIAGE | |
| PROFESSION | | DATE OF DIVORCE | |
| RESIDENCE | 227 S. 12th Avenue, Boise, Idaho | DATE OF ENTRY | |
| REMARKS | This is a true and correct copy of the original record as it appears in the files of the State of Idaho. | | |

138-225-004-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

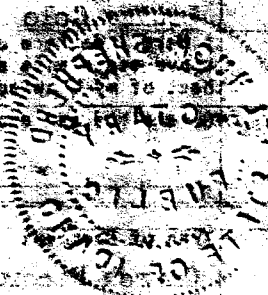
State File No. De60-518

| | | | | | | |
|---|--|---|---|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Mona Louisa Athay | | | 2. Date (month) (day) (year)
July 25 1898 | | |
| | 3. Color or Race | 4. Sex
Female | 5. Place of Birth a. County
Bear Lake Co. | | b. City or Town of Birth
Paris, Idaho | |
| FATHER | 6. Full Name of Father
Frank Athay | | | | 7. State or Country of Father's Birth | |
| MOTHER | 8. Full Maiden Name of Mother
Louisa Cole | | | | 9. State or Country of Mother's Birth | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mona Louisa Athay</i> | | 11. Present Address of Registrant
Paris, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Aug 14</i> 19 <i>59</i> | | | 12. Signature of Notary
<i>Hugh Shyrum</i> | | 13. Notary Commission expires
<i>Oct 10-</i> 19 <i>62</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Church Record—Baptism | | By whom issued and signed
Paris 2nd Ward, Bear Lake Stake | | Date Issued
3-12-59 | Date Orig. Entry
Aug. 4, 1906 |
| | Date of Birth
July 25, 1898 | Birth Place
Bear Lake Co. Paris, Idaho | Full Name of Mother
Louisa Cole | | Name of Father
Frank Athay | |
| SUPPORTING RECORD 2. | Type of Document
affidavit by friend of family at time of birth-born 1873 | | By whom issued and signed
Walter Lewis | | Date Issued
Aug. 11, 1959 | Date Orig. Entry |
| | Date of Birth
July 25, 1898 | Birth Place
Paris, Idaho Bear Lake County | Full Name of Mother
Louisa Cold | | Name of Father
Frank Athay | |
| SUPPORTING RECORD 3. | Type of Document
application for membership to Society of Daugh. of Ut. | | By whom issued and signed
Society of Daughters of Utah Pioneers, K.B. Carter, Pres. | | Date Issued
Jan. 3, 1949 | Date Orig. Entry
Nov. 1, 1948 |
| | Date of Birth
July 25, 1898 | Birth Place
Pioneers | Full Name of Mother
Frank Athay | | Name of Father
Louisa Cole | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
nr Penny Patterson | | Date Filed
June 15, 1960 | |

STATE OF IOWA
 DELAYED CERTIFICATE OF BIRTH

JUN 15 1900

| | | | | | |
|----------------------------------|--|----------------------------------|--|-------------------------------------|--|
| Name of child
[illegible] | | Date of birth
[illegible] | | Place of birth
[illegible] | |
| Name of mother
[illegible] | | Name of father
[illegible] | | Name of informant
[illegible] | |
| Address of mother
[illegible] | | Address of father
[illegible] | | Address of informant
[illegible] | |
| Name of child
[illegible] | | Date of birth
[illegible] | | Place of birth
[illegible] | |
| Name of mother
[illegible] | | Name of father
[illegible] | | Name of informant
[illegible] | |
| Address of mother
[illegible] | | Address of father
[illegible] | | Address of informant
[illegible] | |
| Name of child
[illegible] | | Date of birth
[illegible] | | Place of birth
[illegible] | |
| Name of mother
[illegible] | | Name of father
[illegible] | | Name of informant
[illegible] | |
| Address of mother
[illegible] | | Address of father
[illegible] | | Address of informant
[illegible] | |
| Name of child
[illegible] | | Date of birth
[illegible] | | Place of birth
[illegible] | |
| Name of mother
[illegible] | | Name of father
[illegible] | | Name of informant
[illegible] | |
| Address of mother
[illegible] | | Address of father
[illegible] | | Address of informant
[illegible] | |



NOTE: This certificate is valid only when filed in the office of the Registrar of Births and Deaths, State of Iowa, and is not valid when filed in any other office.

389-109-022-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-520

| | | | | | | |
|--|---|-----------------------|--|--|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>VICTOR SOREN-CHRISTIANSEN</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>June</u> <u>9</u> <u>1898</u> | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>MALE</u> | 5. Place of Birth
<u>IDAHO - THERMONT</u> | 6. City or Town of Birth
<u>KILGORE</u> | | |
| FATHER | 6. Full Name of Father
<u>VIELS-PETER CHRISTIANSEN</u> | | | | 7. State or Country of Father's Birth
<u>DENMARK</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>CHRISTINE KELSON</u> | | | | 9. State or Country of Mother's Birth
<u>UTAH</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Victor Soren Christiansen</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>February 6th 1960</u> | | | | 11. Present Address of Registrant
<u>PO Box 55, Wigner, Cal</u> | |
| | 12. Signature of Notary
<u>G R Crosby</u> | | | | 13. Notary Commission expires
<u>Jan. 13 1963</u> | |

APPLICANT—DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|---|------------------------------------|---|--|-----------------------------------|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by mother | | By whom issued and signed
Christine Christiansen | Date issued
2-15-60 | Date Orig. Entry |
| | Date of Birth
June 9, 1898 | Birth Place
near Kilgore, Idaho | Full Name of Mother
Christine Christiansen | Name of Father | |
| SUPPORTING RECORD 2. | Type of Document
photocopy of application for social security number | | By whom issued and signed
Treasury Department | Date issued
----- | Date Orig. Entry
June 7, 1937 |
| | Date of Birth
June 9, 1898 | Birth Place
Kilgore, Idaho | Full Name of Mother
Christine Kelson | Name of Father
Neals Peter Christiansen | |
| SUPPORTING RECORD 3. | Type of Document
photocopy of application for Life Insurance policy | | By whom issued and signed
West Coast Life Insurance Co. Sacramento, California | Date issued
---- | Date Orig. Entry
March 5, 1951 |
| | Date of Birth
June 9, 1898 | Birth Place
Kilgore, Idaho | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

nr

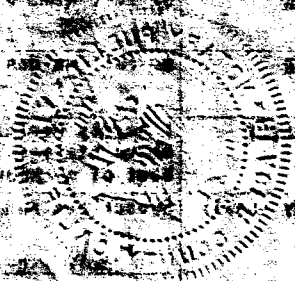
Penny Patterson

Date Filed

June 15, 1960

DELETED ORIGINATE OF BIRTH
STATE OF TEXAS

JUN 15 1964



| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Name of Person | 2. Date of Birth | 3. Sex | 4. Race | 5. Color | 6. Height | 7. Weight | 8. Eyes | 9. Hair | 10. Skin | 11. Birthplace | 12. Date of Entry | 13. Date of Departure | 14. Name of Ship | 15. Name of Agent | 16. Name of Employer | 17. Name of School | 18. Name of Religion | 19. Name of Occupation | 20. Name of Address | 21. Name of City | 22. Name of State | 23. Name of Country | 24. Name of Continent | 25. Name of Ocean | 26. Name of Island | 27. Name of Peninsula | 28. Name of Bay | 29. Name of Strait | 30. Name of Sound | 31. Name of Harbor | 32. Name of Port | 33. Name of Dock | 34. Name of Wharf | 35. Name of Pier | 36. Name of Quay | 37. Name of Jetty | 38. Name of Breakwater | 39. Name of Lighthouse | 40. Name of Beacon | 41. Name of Buoy | 42. Name of Light | 43. Name of Signal | 44. Name of Flag | 45. Name of Color | 46. Name of Pattern | 47. Name of Design | 48. Name of Mark | 49. Name of Symbol | 50. Name of Emblem | 51. Name of Crest | 52. Name of Coat of Arms | 53. Name of Banner | 54. Name of Motto | 55. Name of Slogan | 56. Name of Cry | 57. Name of Shout | 58. Name of Cheer | 59. Name of Song | 60. Name of Anthem | 61. Name of Hymn | 62. Name of Psalm | 63. Name of Verse | 64. Name of Chapter | 65. Name of Book | 66. Name of Testament | 67. Name of Bible | 68. Name of Quran | 69. Name of Torah | 70. Name of Vedas | 71. Name of Scriptures | 72. Name of Holy Books | 73. Name of Sacred Writings | 74. Name of Religious Texts | 75. Name of Spiritual Writings | 76. Name of Mystical Writings | 77. Name of Esoteric Writings | 78. Name of Occult Writings | 79. Name of Magical Writings | 80. Name of Alchemical Writings | 81. Name of Astrological Writings | 82. Name of Astrological Charts | 83. Name of Astrological Tables | 84. Name of Astrological Diagrams | 85. Name of Astrological Symbols | 86. Name of Astrological Signs | 87. Name of Astrological Planets | 88. Name of Astrological Stars | 89. Name of Astrological Constellations | 90. Name of Astrological Zodiac | 91. Name of Astrological Horoscope | 92. Name of Astrological Chart | 93. Name of Astrological Table | 94. Name of Astrological Diagram | 95. Name of Astrological Symbol | 96. Name of Astrological Sign | 97. Name of Astrological Planet | 98. Name of Astrological Star | 99. Name of Astrological Constellation | 100. Name of Astrological Zodiac |
|-------------------|------------------|--------|---------|----------|-----------|-----------|---------|---------|----------|----------------|-------------------|-----------------------|------------------|-------------------|----------------------|--------------------|----------------------|------------------------|---------------------|------------------|-------------------|---------------------|-----------------------|-------------------|--------------------|-----------------------|-----------------|--------------------|-------------------|--------------------|------------------|------------------|-------------------|------------------|------------------|-------------------|------------------------|------------------------|--------------------|------------------|-------------------|--------------------|------------------|-------------------|---------------------|--------------------|------------------|--------------------|--------------------|-------------------|--------------------------|--------------------|-------------------|--------------------|-----------------|-------------------|-------------------|------------------|--------------------|------------------|-------------------|-------------------|---------------------|------------------|-----------------------|-------------------|-------------------|-------------------|-------------------|------------------------|------------------------|-----------------------------|-----------------------------|--------------------------------|-------------------------------|-------------------------------|-----------------------------|------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|-----------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|---|---------------------------------|------------------------------------|--------------------------------|--------------------------------|----------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--|----------------------------------|

County of Bingham)
STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-526

| | | | | | | | |
|--|---|--------------------|--|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
EARL EDMOND CUTLER | | | | 2. Date (month) (day) (year)
Of Birth 10 27 98 | | |
| | 3. Color or Race
1/4 Indian 3/4 W. | 4. Sex
M | 5. Place of Birth a. County
Bannock County | | b. City or Town of Birth
McCammon Idaho | | |
| FATHER | 6. Full Name of Father
ANDREW OSCAR CUTLER | | | | 7. State or Country of Father's Birth
UTAH - STATE | | |
| MOTHER | 8. Full Maiden Name of Mother
MAGGIE JANE MARTIN | | | | 9. State or Country of Mother's Birth
Canada | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Earl E. Cutler</i> | | 11. Present Address of Registrant
<i>768 E. Alameda Pocatello, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 12 1960 | | 12. Signature of Notary
<i>Lucian C. Benson</i> | | 13. Notary Commission expires
November 5 1960 | | |

| APPLICANT DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|---|--|---|--|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
photocopy of application for social security number | | By whom issued and signed
Treasury Department | | Date issued
---- | Date Orig. Entry
Jan. 16, 1951 | |
| | Date of Birth
Oct. 27, 1898 | Birth Place
McCammon, Idaho
Bannock County | Full Name of Mother
Maggie J. Martin | | Name of Father
Andrew O. Cutler | | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #317751 | | Date issued
---- | Date Orig. Entry
child born July 9, 1941 | |
| | Date of Birth
age 42 | Birth Place
McCammon, Idaho | Full Name of Mother
----- | | Name of Father
----- | | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by aunt age 81 | | By whom issued and signed
Mary M. Hutchinson | | Date issued
March 21, 1960 | Date Orig. Entry
---- | |
| | Date of Birth
Oct. 27, 1898 | Birth Place
McCammon, Idaho | Full Name of Mother's father
Andrew O. Cutler | | Name of Father's mother
Maggie J. Martin | | |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|--|------------------------------------|
| State Registrar
W. W. Benson | Evidence reviewed by
Penny Patterson | Date Filed
June 15, 1960 |
|--|--|------------------------------------|

STATE OF IOWA DEPARTMENT OF HEALTH BIRTH CERTIFICATE

JUN 20 1960

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Name of child at birth
_____ | | 2. Sex
_____ | | 3. Date of birth
_____ | | 4. Time of birth
_____ | | 5. Place of birth
_____ | | 6. Name of mother
_____ | | 7. Name of father
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2-13-60

759-206-036-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-543

| | | | | | | |
|--|---|-------------------------|--|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Beatrice Perry | | | 2. Date (month) (day) (year)
Of Birth Sept. 6 1898 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
Rockland, Oneida now Power | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
Gustavus Perry, full name Gustavus Adolphus Perry | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Elnora Wakley | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Beatrice Perry Nelson</i> | | 11. Present Address of Registrant
American Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 4, 1960 | | | 12. Signature of Notary
<i>McChoofbourrow</i>
Residing at American Falls, Idaho | | 13. Notary Commission expires
Jan. 3, 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|--|--|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho #66438 | | Date issued
--- | Date Orig. Entry
child born Oct 3, 1918 |
| | Date of Birth
age 20 | Birth Place
Rockland, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING RECORD 2. | Type of Document
Certificate of Baptism and Confirmation | | By whom issued and signed
L.D.S. Church, American Falls Ward, Wm. Johnson, Clerk | | Date issued
March 10, 1955 | Date Orig. Entry
baptized Sept 5, 1908 |
| | Date of Birth
Sept. 6, 1898 | Birth Place
Rockland, Idaho Oneida co. | Full Name of Mother
Elizabeth Wakely | | Name of Father
Gustavus Perry | |
| SUPPORTING RECORD 3. | Type of Document
photocopy of application for social security number | | By whom issued and signed
Treasury Department | | Date issued
---- | Date Orig. Entry
Sept. 15, 1938 |
| | Date of Birth
Sept. 6, 1898 | Birth Place
Rockland, Idaho | Full Name of Mother
Elizabeth Wakley | | Name of Father
Gustavus A. Perry | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
bf Penny Patterson | Date Filed
June 20, 1960 |

RECEIVED - CIVIL SERVICE
STATE OF IDAHO
MAY 19 1964

4-17-84

SECRET

493-108-035-997

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-561

| | | | | | |
|--|---|-----------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
George Mitchell | | | 2. Date (month) (day) (year)
Of Birth January 8, 1898 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Nez Perce | | b. City or Town of Birth
Lewiston |
| FATHER | 6. Full Name of Father
Michael Mitchell | | | 7. State or Country of Father's Birth
Ireland | |
| MOTHER | 8. Full Maiden Name of Mother
Isabella N. Riggs | | | 9. State or Country of Mother's Birth
Kentucky | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>George Mitchell</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
October 1, 19 59 | | | 11. Present Address of Registrant
538 Stewart Avenue
Lewiston, Idaho | |
| | | | | 12. Signature of Notary
<i>Shirley Walker</i> | |
| | | | | 13. Notary Commission expires
7/10/ 19 61 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---------------------------------------|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Bureau of the Census | | Date issued
8-21-59 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Jan. 1898
(age 2) | Birth Place
Idaho | Full Name of Mother
Isabella N. Mitchell | | Name of Father
Michael Mitchell | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance Policy | | By whom issued and signed
Knights of Columbus | | Date issued
5-8-19 | Date Orig. Entry
Jan. 27, 1919 |
| | Date of Birth
Jan. 8,
1898 | Birth Place
Lewiston, Idaho | Full Name of Mother
Belle Mitchell | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #133529 | | Date issued
---- | Date Orig. Entry
child born
June 5, 1925 |
| | Date of Birth
age 27 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
nr Penny Patterson | Date Filed
June 23, 1960 |

436-219-018-434

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-569

| | | | | |
|---|---|--------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Ethel L. McFeron | | 2. Date of Birth
Sept. 19 1898 | |
| | 3. Color or Race
wh | 4. Sex
F | 5. Place of Birth
Clearwater | a. County
Whitebird- Taho, Idaho |
| FATHER | 6. Full Name of Father
Jospeh McFeron | | 7. State or Country of Father's Birth
Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Margaret McMeeken | | 9. State or Country of Mother's Birth
Spokane, Wash | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Ethel L. McFeron</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 4 19 60 | | 11. Present Address of Registrant
Newport, Washington | |
| | | | 12. Signature of Notary
<i>Wm. J. Grover</i> | |
| | | | 13. Notary Commission expires
Oct 18 19 60 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|---------------------------------|---|--|----------------------------------|-----------------------------------|
| SUPPORTING RECORD 1- | Type of Document
certified copy of certificate of marriage | | By whom issued and signed
Frank J. Grover, Spokane County Washington Auditor | | Date issued
Nov. 28, 1949 | Date Orig. Entry
Nov. 6, 1917 |
| | Date of Birth
age 19 | Birth Place
Idaho | Full Name of Mother
Margaret McMeeken | | Name of Father
Joseph McFeron | |
| SUPPORTING RECORD 2- | Type of Document
photocopy of application for Social security number | | By whom issued and signed
Treasury Department | | Date issued
----- | Date Orig. Entry
Aug. 6, 1937 |
| | Date of Birth
Sept. 19, 1898 | Birth Place
Whitebird, Idaho | Full Name of Mother
Margaret Malissa McMeeken | | Name of Father
Joel McFeron | |
| SUPPORTING RECORD 3- | Type of Document
application for insurance policy | | By whom issued and signed
Great Western Mutual Assn. Lewiston, Idaho | | Date issued
Dec. 1, 1941 | Date Orig. Entry
Nov. 25, 1941 |
| | Date of Birth
Sept. 19, 1898 | Birth Place
Whitebird, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

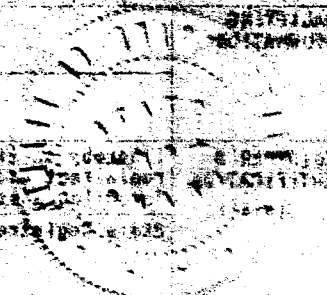
REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Penny Patterson | Date Filed
June 27, 1960 |

JUN 28 1960

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

| | | | |
|--|--|---|--|
| Name of Person
John L. Merton | | Date of Birth
Sept. 19, 1908 | |
| Place of Birth
Whiteford, Tenn., Tenn. | | County of Birth
Whiteford | |
| State of Birth
Tennessee | | City of Birth
Whiteford | |
| Name of Father
John L. Merton | | Name of Mother
John L. Merton | |
| Signature of Father
John L. Merton | | Signature of Mother
John L. Merton | |
| Signature of Registrar
John L. Merton | | Date of Issuance
Oct 18, 1960 | |
| City of Issuance
Newport, Washington | | State of Issuance
Washington | |
| Name of Registrar
John L. Merton | | Address of Registrar
John L. Merton | |
| City of Registrar
Newport, Washington | | State of Registrar
Washington | |
| Name of Person
John L. Merton | | Date of Birth
Sept. 19, 1908 | |
| Place of Birth
Whiteford, Tenn., Tenn. | | County of Birth
Whiteford | |
| State of Birth
Tennessee | | City of Birth
Whiteford | |
| Name of Father
John L. Merton | | Name of Mother
John L. Merton | |
| Signature of Father
John L. Merton | | Signature of Mother
John L. Merton | |
| Signature of Registrar
John L. Merton | | Date of Issuance
Oct 18, 1960 | |
| City of Issuance
Newport, Washington | | State of Issuance
Washington | |
| Name of Registrar
John L. Merton | | Address of Registrar
John L. Merton | |
| City of Registrar
Newport, Washington | | State of Registrar
Washington | |



855-209-036-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-584

| | | | | | | |
|--|--|---|--|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Emma Florence Henderson</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>July</u> <u>9</u> , <u>1898</u> | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>female</u> | 5. Place of Birth
<u>Oneida</u> | b. City or Town of Birth
<u>Clifton</u> | | |
| FATHER | 6. Full Name of Father
<u>Milton H. Henderson</u> | | | | 7. State or Country of Father's Birth
<u>Clifton, Idaho</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Elizabeth A. Holt</u> | | | | 9. State or Country of Mother's Birth
<u>South Jordan, Utah</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Emma Florence Henderson</u> | | 11. Present Address of Registrant
<u>436 No. CLAREMONT ST.
SAN MATEO CALIF.</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 2nd 1960.</u> | | | 12. Signature of Notary
<u>Carl H. Ellying</u> | | 13. Notary Commission expires
<u>Sept. 3rd 1960.</u> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
certificate of baptism and confirmation | | By whom issued and signed
<u>L DS Church, San Mateo Ward
Charles K. Madsen, Clerk</u> | | Date issued
<u>May 20, 1960</u> | Date Orig. Entry
baptized
<u>July 9, 1906</u> |
| | Date of Birth
<u>July 9, 1898</u> | Birth Place
<u>Clifton, Idaho
Oneida Co.</u> | Full Name of Mother
<u>Elizabeth A. Holt</u> | | Name of Father
<u>Milton H. Henderson</u> | |
| SUPPORTING
RECORD 2- | Type of Document
certified own child's birth certificate | | By whom issued and signed
<u>State of Utah- Registrar
T.J. Howells, Salt Lake Co.</u> | | Date issued
<u>March 24, 1942</u> | Date Orig. Entry
child born
<u>Oct. 14, 1928</u> |
| | Date of Birth
age 30 | Birth Place
<u>Clifton, Idaho</u> | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Life insurance policy | | By whom issued and signed
<u>Metropolitan Life Insurance
Company</u> | | Date issued
<u>April 27, 1936</u> | Date Orig. Entry
<u>April 27, 1936</u> |
| | Date of Birth
age(next birthday) 38 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>pp Penny Patterson</u> | | Date Filed
<u>June 29, 1960</u> | |

RECEIVED
JAN 10 1960

[illegible]

金銀珠寶

A circular, high-contrast, black and white image, possibly a stamp or seal, with a central cross-like pattern and radiating lines. The image is heavily degraded with noise and artifacts, making it difficult to discern specific details. It appears to be a scan of a physical document.

1990年12月

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-611

| | | | | | | |
|--|---|-------------------------|----------------------------------|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Edith Emma GAISER | | | 2. Date (month) (day) (year)
12 15 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
WAHA | a. County
Nez Perce | b. City or Town of Birth
WAHA Idaho | |
| FATHER | 6. Full Name of Father
William GAISER | | | 7. State or Country of Father's Birth
Germany | | |
| MOTHER | 8. Full Maiden Name of Mother
Emily BENTZ | | | 9. State or Country of Mother's Birth
France | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
X Edith E. Kussinger | | 11. Present Address of Registrant
Box 103 LAPWAH |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 7th 19 58 | | | 12. Signature of Notary
Don Denny | | 13. Notary Commission expires
My Commission Expires April 9, 1959
19 |

| | | | | | | |
|-------------------------|---|--------------------------------------|---|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document (Photostatic copy)
Hospital Certificate of own child's birth | | By whom issued and signed
St. Joseph's Hospital
Lewiston, Idaho | | Date issued | Date Orig. Entry
child born
Oct. 23, 1933 |
| | Date of Birth
Dec. 15,
1898 | Birth Place
Waha, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
Marriage Record | | By whom issued and signed
Nez Perce Co., Lewiston, Ida. | | Date issued
5-1-58 | Date Orig. Entry
Jan. 4, 1923 |
| | Date of Birth
age 24 | Birth Place
State of Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 3. | Type of Document
photocopy of statement re-
garding hospital records | | By whom issued and signed
St. Joseph's Hospital, Lewis-
ton, Idaho. M. Austin, rec. clerk | | Date issued
July 6,
1960 | Date Orig. Entry
admitted
March 13, 1955 |
| | Date of Birth
Dec. 15, 1898 | Birth Place
Waha, Idaho | Full Name of Mother
Emily Bentz | | Name of Father
William Gaiser | |

| | | | |
|--|--|---|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
nr Penny Patterson | Date Filed
July 8, 1960 |

294-112-001-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-612

| | | | | | | |
|--|---|--------------------|---------------------------------|-------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>ROBERT BRUCE</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Sept 12 1898</u> | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>M</u> | 5. Place of Birth
<u>ADA</u> | 6. County
<u>ADA</u> | b. City or Town of Birth
<u>BOISE IDAHO</u> | |
| FATHER | 6. Full Name of Father
<u>JOHN COWEN BRUCE</u> | | | | 7. State or Country of Father's Birth
<u>EDINBURGH, SCOTLAND</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mrs Clara Ballantyne Bruce</u> | | | | 9. State or Country of Mother's Birth
<u>OLA, IDAHO</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Robert Bruce</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Sept 11 1959</u> | | | | 11. Present Address of Registrant
<u>MC. CALL, IDAHO</u> | |
| | 12. Signature of Notary
<u>Paul T. Hayer</u> | | | | 13. Notary Commission expires
<u>Oct 191960</u> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|---|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
photocopy of application for social security number | | By whom issued and signed
<u>Treasury Department</u> | Date issued
----- | Date Orig. Entry
<u>June 12, 1941</u> |
| | Date of Birth
<u>Sept. 12, 1898</u> | Birth Place
<u>Ada County Boise, Idaho</u> | Full Name of Mother
<u>Clara Ballantyne</u> | Name of Father
<u>John C. Bruce</u> | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate (copy) | | By whom issued and signed
<u>Idaho #125923</u> | Date issued
<u>Mar. 1, 1960</u> | Date Orig. Entry
child born
<u>Sept. 30, 1924</u> |
| | Date of Birth
<u>age 26</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by mother | | By whom issued and signed
<u>Clara Ballantyne Bruce</u> | Date issued
<u>June 30, 1960</u> | Date Orig. Entry
----- |
| | Date of Birth
<u>Sept. 12, 1898</u> | Birth Place
<u>Ada County Boise, Idaho</u> | Full Name of Mother
<u>Clara Ballantyne</u> | Name of Father
<u>John Cowen Bruce</u> | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Penny Patterson</u> | Date Filed
<u>July 12, 1960</u> | |

JUL 12 1961

DEPARTMENT OF STATE

STATE OF TEXAS

1. Name of the person or persons to whom the license is issued: [Name]
2. Address of the person or persons to whom the license is issued: [Address]
3. Date of birth: [Date]
4. Sex: [Sex]
5. Race: [Race]
6. Height: [Height]
7. Weight: [Weight]
8. Color of eyes: [Color]
9. Color of hair: [Color]
10. Color of skin: [Color]
11. Signature of the person or persons to whom the license is issued: [Signature]
12. Signature of the issuing authority: [Signature]
13. Date of issue: [Date]
14. Place of issue: [Place]
15. Remarks: [Remarks]



16. Name of the person or persons to whom the license is issued: [Name]
17. Address of the person or persons to whom the license is issued: [Address]
18. Date of birth: [Date]
19. Sex: [Sex]
20. Race: [Race]
21. Height: [Height]
22. Weight: [Weight]
23. Color of eyes: [Color]
24. Color of hair: [Color]
25. Color of skin: [Color]
26. Signature of the person or persons to whom the license is issued: [Signature]
27. Signature of the issuing authority: [Signature]
28. Date of issue: [Date]
29. Place of issue: [Place]
30. Remarks: [Remarks]

31. Name of the person or persons to whom the license is issued: [Name]
32. Address of the person or persons to whom the license is issued: [Address]
33. Date of birth: [Date]
34. Sex: [Sex]
35. Race: [Race]
36. Height: [Height]
37. Weight: [Weight]
38. Color of eyes: [Color]
39. Color of hair: [Color]
40. Color of skin: [Color]
41. Signature of the person or persons to whom the license is issued: [Signature]
42. Signature of the issuing authority: [Signature]
43. Date of issue: [Date]
44. Place of issue: [Place]
45. Remarks: [Remarks]

46. Name of the person or persons to whom the license is issued: [Name]
47. Address of the person or persons to whom the license is issued: [Address]
48. Date of birth: [Date]
49. Sex: [Sex]
50. Race: [Race]
51. Height: [Height]
52. Weight: [Weight]
53. Color of eyes: [Color]
54. Color of hair: [Color]
55. Color of skin: [Color]
56. Signature of the person or persons to whom the license is issued: [Signature]
57. Signature of the issuing authority: [Signature]
58. Date of issue: [Date]
59. Place of issue: [Place]
60. Remarks: [Remarks]

61. Name of the person or persons to whom the license is issued: [Name]
62. Address of the person or persons to whom the license is issued: [Address]
63. Date of birth: [Date]
64. Sex: [Sex]
65. Race: [Race]
66. Height: [Height]
67. Weight: [Weight]
68. Color of eyes: [Color]
69. Color of hair: [Color]
70. Color of skin: [Color]
71. Signature of the person or persons to whom the license is issued: [Signature]
72. Signature of the issuing authority: [Signature]
73. Date of issue: [Date]
74. Place of issue: [Place]
75. Remarks: [Remarks]

76. Name of the person or persons to whom the license is issued: [Name]
77. Address of the person or persons to whom the license is issued: [Address]
78. Date of birth: [Date]
79. Sex: [Sex]
80. Race: [Race]
81. Height: [Height]
82. Weight: [Weight]
83. Color of eyes: [Color]
84. Color of hair: [Color]
85. Color of skin: [Color]
86. Signature of the person or persons to whom the license is issued: [Signature]
87. Signature of the issuing authority: [Signature]
88. Date of issue: [Date]
89. Place of issue: [Place]
90. Remarks: [Remarks]

91. Name of the person or persons to whom the license is issued: [Name]
92. Address of the person or persons to whom the license is issued: [Address]
93. Date of birth: [Date]
94. Sex: [Sex]
95. Race: [Race]
96. Height: [Height]
97. Weight: [Weight]
98. Color of eyes: [Color]
99. Color of hair: [Color]
100. Color of skin: [Color]
101. Signature of the person or persons to whom the license is issued: [Signature]
102. Signature of the issuing authority: [Signature]
103. Date of issue: [Date]
104. Place of issue: [Place]
105. Remarks: [Remarks]

106. Name of the person or persons to whom the license is issued: [Name]
107. Address of the person or persons to whom the license is issued: [Address]
108. Date of birth: [Date]
109. Sex: [Sex]
110. Race: [Race]
111. Height: [Height]
112. Weight: [Weight]
113. Color of eyes: [Color]
114. Color of hair: [Color]
115. Color of skin: [Color]
116. Signature of the person or persons to whom the license is issued: [Signature]
117. Signature of the issuing authority: [Signature]
118. Date of issue: [Date]
119. Place of issue: [Place]
120. Remarks: [Remarks]

121. Name of the person or persons to whom the license is issued: [Name]
122. Address of the person or persons to whom the license is issued: [Address]
123. Date of birth: [Date]
124. Sex: [Sex]
125. Race: [Race]
126. Height: [Height]
127. Weight: [Weight]
128. Color of eyes: [Color]
129. Color of hair: [Color]
130. Color of skin: [Color]
131. Signature of the person or persons to whom the license is issued: [Signature]
132. Signature of the issuing authority: [Signature]
133. Date of issue: [Date]
134. Place of issue: [Place]
135. Remarks: [Remarks]

136. Name of the person or persons to whom the license is issued: [Name]
137. Address of the person or persons to whom the license is issued: [Address]
138. Date of birth: [Date]
139. Sex: [Sex]
140. Race: [Race]
141. Height: [Height]
142. Weight: [Weight]
143. Color of eyes: [Color]
144. Color of hair: [Color]
145. Color of skin: [Color]
146. Signature of the person or persons to whom the license is issued: [Signature]
147. Signature of the issuing authority: [Signature]
148. Date of issue: [Date]
149. Place of issue: [Place]
150. Remarks: [Remarks]

363-206-036-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-668

| | | | | | | |
|--|---|-------------------------|--------------------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Lora Cole</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Sept. 6 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Fairview</i> | a. County
<i>Oneida now,</i> | b. City or town of Birth
<i>Franklin Fairview Idaho,</i> | |
| FATHER | 6. Full Name of Father
<i>Robert Edwin Cole</i> | | | | 7. State or Country of Father's Birth
<i>Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Almira Jane Cutler</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Lora Cole Ellsworth</i> | | 11. Present Address of Registrant
<i>1044 No. Harrison, Pocatello, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 14th 1960</i> | | | 12. Signature of Notary
<i>EA Berrett</i> | | 13. Notary Commission expires
<i>mar. 20 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|---------------------------------------|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>affidavit by mother</i> | | By whom issued and signed
<i>Almira Jane Cutler Cole</i> | Date issued
<i>July 14, 1960</i> | Date Orig. Entry
<i>-----</i> |
| | Date of Birth
<i>Sept. 6, 1898</i> | Birth Place
<i>Fairview, Idaho</i> | Full Name of Mother
<i>Almira Jane Cutler</i> | Name of Father
<i>Robert Edwin Cole</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>statement regarding church records, L.D.S. Church</i> | | By whom issued and signed
<i>C. Yates, Pas. R.E. Dye, clerk</i> | Date issued
<i>July 26, 1960</i> | Date Orig. Entry
<i>recorded June 1, 1907</i> |
| | Date of Birth
<i>Sept. 6, 1898</i> | Birth Place
<i>Fairview, Idaho</i> | Full Name of Mother
<i>Almira Jane Cutler</i> | Name of Father
<i>Robert Edwin Cole</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>photocopy of application for insurance policy</i> | | By whom issued and signed
<i>Beneficial Life Insurance Co.</i> | Date issued
<i>-----</i> | Date Orig. Entry
<i>April 2, 1946</i> |
| | Date of Birth
<i>Sept. 6, 1898</i> | Birth Place
<i>Preston, Idaho</i> | Full Name of Mother
<i>-----</i> | Name of Father
<i>-----</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|-------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>pp Penny Patterson</i> | Date Filed
<i>August 1, 1960</i> |

AUG 2 1960

STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
DEPARTMENT OF HEALTH
STATE OF IOWA

| | | | |
|---|--|--|--|
| 1. Name of child at birth
2. Sex of child
3. Date of birth
4. Place of birth
5. Name of mother
6. Name of father
7. Name of mother at birth
8. Name of father at birth
9. Date of marriage
10. Date of birth of child
11. Date of death of child
12. Date of burial of child
13. Date of cremation of child
14. Date of interment of child
15. Date of removal of child
16. Date of return of child
17. Date of adoption of child
18. Date of release of child
19. Date of discharge of child
20. Date of death of mother
21. Date of death of father
22. Date of death of child
23. Date of death of mother
24. Date of death of father
25. Date of death of child
26. Date of death of mother
27. Date of death of father
28. Date of death of child
29. Date of death of mother
30. Date of death of father | | 31. Name of child at birth
32. Sex of child
33. Date of birth
34. Place of birth
35. Name of mother
36. Name of father
37. Name of mother at birth
38. Name of father at birth
39. Date of marriage
40. Date of birth of child
41. Date of death of child
42. Date of burial of child
43. Date of cremation of child
44. Date of interment of child
45. Date of removal of child
46. Date of return of child
47. Date of adoption of child
48. Date of release of child
49. Date of discharge of child
50. Date of death of mother
51. Date of death of father
52. Date of death of child
53. Date of death of mother
54. Date of death of father
55. Date of death of child
56. Date of death of mother
57. Date of death of father
58. Date of death of child
59. Date of death of mother
60. Date of death of father | |
|---|--|--|--|



753-126-041-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

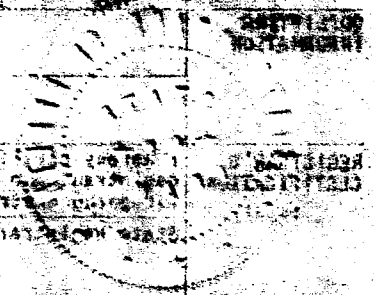
State File No. De60-683

| | | | | | |
|---|--|--|---|--|------------------------------------|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Delbert Peterson | | | 2. Date of Birth
(month) (day) (year)
September 26, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Teton | a. County | b. City or Town of Birth
Victor |
| FATHER | 6. Full Name of Father
Christ O. Peterson | | | 7. State or Country of Father's Birth
Denmark | |
| MOTHER | 8. Full Maiden Name of Mother
Ellen Christena Nelson | | | 9. State or Country of Mother's Birth
Denmark | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Delbert Peterson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Aug 6 1960</i> | | | 11. Present Address of Registrant
Victor, Idaho | |
| | 12. Signature of Notary
<i>Lynn S. Hensley</i> | | | 13. Notary Commission expires
<i>Feb 21 1963</i> | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1. | Type of Document
statement regarding insurance policy | | | By whom issued and signed
Gem State Mutual Association
Pocatello, Ida; H.B. Stephenson | |
| | Date of Birth
Sept. 26, 1898 | Birth Place
----- | Full Name of Mother
----- | | Date issued
May 19, 1960 |
| SUPPORTING RECORD 2. | Type of Document
affidavit by friend of family at time of birth | | | By whom issued and signed
William B. Jones | |
| | Date of Birth
Sept. 26, 1898 | Birth Place
Teton County
Victor, Idaho | Full Name of Mother
Ellen Christena Nelson | | Date issued
Aug. 5, 1960 |
| SUPPORTING RECORD 3. | Type of Document
copy of certificate of blessing | | | By whom issued and signed
LDS Church, Victor Ward,
J. Cyril Humble, clerk | |
| | Date of Birth
Sept. 26, 1898 | Birth Place
Teton County
Victor, Idaho | Full Name of Mother
Ellen Christina Nelson | | Date issued
May 7, 1955 |
| QUALIFYING INFORMATION | | | | Date Orig. Entry
March 17, 1948 | |
| | | | | Name of Father
----- | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | Date Orig. Entry
----- | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Penny Patterson | | Date Filed
Aug. 9, 1960 |

STATE OF ALABAMA DELAYED CERTIFICATE OF BIRTH

AUG 9 1960

| | | | |
|-------------------------------------|--|--------------------------------------|--|
| 1. Name of child at birth
_____ | | 2. Date of birth
_____ | |
| 3. Sex of child
_____ | | 4. Race of child
_____ | |
| 5. Name of father
_____ | | 6. Name of mother
_____ | |
| 7. Date of registration
_____ | | 8. Signature of registrant
_____ | |
| 9. Signature of father
_____ | | 10. Signature of mother
_____ | |
| 11. Name of child at birth
_____ | | 12. Date of birth
_____ | |
| 13. Sex of child
_____ | | 14. Race of child
_____ | |
| 15. Name of father
_____ | | 16. Name of mother
_____ | |
| 17. Date of registration
_____ | | 18. Signature of registrant
_____ | |
| 19. Signature of father
_____ | | 20. Signature of mother
_____ | |
| 21. Name of child at birth
_____ | | 22. Date of birth
_____ | |
| 23. Sex of child
_____ | | 24. Race of child
_____ | |
| 25. Name of father
_____ | | 26. Name of mother
_____ | |
| 27. Date of registration
_____ | | 28. Signature of registrant
_____ | |
| 29. Signature of father
_____ | | 30. Signature of mother
_____ | |
| 31. Name of child at birth
_____ | | 32. Date of birth
_____ | |
| 33. Sex of child
_____ | | 34. Race of child
_____ | |
| 35. Name of father
_____ | | 36. Name of mother
_____ | |
| 37. Date of registration
_____ | | 38. Signature of registrant
_____ | |
| 39. Signature of father
_____ | | 40. Signature of mother
_____ | |
| 41. Name of child at birth
_____ | | 42. Date of birth
_____ | |
| 43. Sex of child
_____ | | 44. Race of child
_____ | |
| 45. Name of father
_____ | | 46. Name of mother
_____ | |
| 47. Date of registration
_____ | | 48. Signature of registrant
_____ | |
| 49. Signature of father
_____ | | 50. Signature of mother
_____ | |
| 51. Name of child at birth
_____ | | 52. Date of birth
_____ | |
| 53. Sex of child
_____ | | 54. Race of child
_____ | |
| 55. Name of father
_____ | | 56. Name of mother
_____ | |
| 57. Date of registration
_____ | | 58. Signature of registrant
_____ | |
| 59. Signature of father
_____ | | 60. Signature of mother
_____ | |
| 61. Name of child at birth
_____ | | 62. Date of birth
_____ | |
| 63. Sex of child
_____ | | 64. Race of child
_____ | |
| 65. Name of father
_____ | | 66. Name of mother
_____ | |
| 67. Date of registration
_____ | | 68. Signature of registrant
_____ | |
| 69. Signature of father
_____ | | 70. Signature of mother
_____ | |
| 71. Name of child at birth
_____ | | 72. Date of birth
_____ | |
| 73. Sex of child
_____ | | 74. Race of child
_____ | |
| 75. Name of father
_____ | | 76. Name of mother
_____ | |
| 77. Date of registration
_____ | | 78. Signature of registrant
_____ | |
| 79. Signature of father
_____ | | 80. Signature of mother
_____ | |
| 81. Name of child at birth
_____ | | 82. Date of birth
_____ | |
| 83. Sex of child
_____ | | 84. Race of child
_____ | |
| 85. Name of father
_____ | | 86. Name of mother
_____ | |
| 87. Date of registration
_____ | | 88. Signature of registrant
_____ | |
| 89. Signature of father
_____ | | 90. Signature of mother
_____ | |
| 91. Name of child at birth
_____ | | 92. Date of birth
_____ | |
| 93. Sex of child
_____ | | 94. Race of child
_____ | |
| 95. Name of father
_____ | | 96. Name of mother
_____ | |
| 97. Date of registration
_____ | | 98. Signature of registrant
_____ | |
| 99. Signature of father
_____ | | 100. Signature of mother
_____ | |



THIS CERTIFICATE OF BIRTH IS A PUBLIC RECORD AND IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS THE POLICY OF THE ALABAMA DEPARTMENT OF HEALTH TO MAINTAIN THE ACCURACY OF THIS RECORD. ANY CHANGES TO THIS RECORD MUST BE MADE BY THE ALABAMA DEPARTMENT OF HEALTH.

268-119-032-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-692

| | | | | | | | | |
|--|---|--------------------|--|--|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Wayne Roy Boyer</u> | | | | | 2. Date (month) (day) (year)
Of Birth <u>Oct 19</u> <u>th</u> <u>1898</u> | | |
| | 3. Color of Race
<u>W</u> | 4. Sex
<u>M</u> | 5. Place of Birth
<u>Hagerman Lincoln</u> | | 6. City or Town of Birth
<u>Hagerman Idaho</u> | | | |
| FATHER | 6. Full Name of Father
<u>Le Roy Boyer</u> | | | | | 7. State or Country of Father's Birth
<u>Kansas Illinois</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Corinthia Jan Padgett</u> | | | | | 9. State or Country of Mother's Birth
<u>Bowling Green Indiana</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<u>Wayne Roy Boyer</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 8</u> <u>1960</u> | | | | | 11. Present Address of Registrant
<u>2012 N 19 St</u> | | |
| | 12. Signature of Notary
<u>Virgil Hinchman</u> | | | | | 13. Notary Commission expires
<u>December 27 1960</u> | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---------------------------------------|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<u>Childs Birth Certificate</u> | | By whom issued and signed
<u>On file Idaho #268929</u> | | Date issued
<u>--</u> | Date Orig. Entry
<u>Child Born</u>
<u>June 2, 1938</u> |
| | Date of Birth
<u>Age 39</u> | Birth Place
<u>Hagerman, Idaho</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Affidavit by relative</u>
<u>74 years old</u> | | By whom issued and signed
<u>Mary E. Boyer</u> | | Date issued
<u>August 5,</u>
<u>1960</u> | Date Orig. Entry
<u>-----</u> |
| | Date of Birth
<u>October 19</u>
<u>1898</u> | Birth Place
<u>Hagerman, Idaho</u> | Full Name of Mother
<u>Corintha Jane Boyer</u> | | Name of Father
<u>Roy C. Boyer</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Employment record</u> | | By whom issued and signed
<u>Miller Stephan Pontiac</u>
<u>Cadillac Co. Boise, Idaho</u> | | Date issued
<u>August 9,</u>
<u>1960</u> | Date Orig. Entry
<u>Aug. 1, 1955</u> |
| | Date of Birth
<u>October 19</u>
<u>1898</u> | Birth Place
<u>-----</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

ec Elaine Coy

Date Filed

August 9, 1960

STATE OF IDAHO
DEPARTMENT OF HEALTH

AUG 10 1960
AUG 31 1961

[Handwritten notes and signatures, including "PLT" and "PLT" in large letters, and various illegible scribbles.]

| | | | |
|---|--|---|--|
| Name of child
<u>James O. Boyer</u> | | Date of birth
<u>August 2, 1958</u> | |
| Sex
<u>Male</u> | | Place of birth
<u>Idaho</u> | |
| Name of father
<u>James O. Boyer</u> | | Name of mother
<u>James O. Boyer</u> | |
| Date of birth
<u>August 2, 1958</u> | | Place of birth
<u>Idaho</u> | |
| Name of father
<u>James O. Boyer</u> | | Name of mother
<u>James O. Boyer</u> | |

[Handwritten notes and signatures at the bottom of the page, including "PLT" and "PLT" in large letters, and various illegible scribbles.]

331-213-022-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-769

| | | | | | |
|--|--|---|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Bessie Clark | | | 2. Date (month) (day) (year)
Of Birth November 13, 1898 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth
a. County
Fremont | b. City or Town of Birth
East Wilford | |
| FATHER | 6. Full Name of Father
John Peter Litz Clark | | | 7. State or Country of Father's Birth
Virginia | |
| MOTHER | 8. Full Maiden Name of Mother
Fannie Emeline Bowles | | | 9. State or Country of Mother's Birth
Virginia | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Bessie E. Clark | 11. Present Address of Registrant
136 E. 10 St Anthony Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 26 1960 | | | 12. Signature of Notary
Verna W. Twigg | 13. Notary Commission Expires
April 19 1961 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
statement regarding church records | | By whom issued and signed
LDS Church, St. Anthony second Ward, Jess H. Murri, ward clerk | | Date issued
Aug. 1, 1960 |
| | Date of Birth
Nov. 13, 1898 | Birth Place
Fremont County
East Wilford, Ida. | Full Name of Mother
Fannie E. Bowles | | Date Orig. Entry
baptized
June 4, 1921 |
| SUPPORTING
RECORD 2- | Type of Document
statement regarding school records | | By whom issued and signed
Fremont County files, LaMonte Bauer, County clerk | | Date issued
July 29, 1960 |
| | Date of Birth
age 7 | Birth Place
----- | Full Name of Mother
Fanny E. Clark | | Date Orig. Entry
census taken
November 1905 |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by friend of family at time of birth | | By whom issued and signed
O. K. Meservy, born 1877 | | Date issued
Aug. 23, 1960 |
| | Date of Birth
Nov. 13, 1898 | Birth Place
Wilford, Idaho | Full Name of Mother
Fannie E. Bowles | | Date Orig. Entry
----- |
| QUALIFYING
INFORMATION | | | | | Name of Father
John Peter Litz Clark |
| | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Bowles | | Evidence reviewed by
pp Penny L. Wing | | Date Filed
Sept. 6, 1960 |

STATE OF OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF VITAL STATISTICS

SEP 6 1960

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|------------------|--|-------------------------|--|-------------------------|--|---|--|--------------------------------|--|--------------------------------|--|---------------------------------|--|---------------------------------|--|--------------------------------|--|------------------------------------|--|---------------------------------|--|--------------------------------|--|--------------------------------|--|--------------------------------|--|----------------------------------|--|--------------------------------|--|--------------------------------|--|----------------------------------|--|-----------------------------------|--|--------------------------------|--|--|--|
| 1. Name of child | | 2. Sex | | 3. Date of birth | | 4. Time of birth | | 5. Place of birth | | 6. Name of mother | | 7. Name of father | | 8. Name of mother's maiden name | | 9. Name of father's maiden name | | 10. Name of child's physician | | 11. Name of child's hospital | | 12. Name of child's nurse | | 13. Name of child's doctor | | 14. Name of child's dentist | | 15. Name of child's pharmacist | | 16. Name of child's veterinarian | | 17. Name of child's optician | | 18. Name of child's podiatrist | | 19. Name of child's chiropractor | | 20. Name of child's acupuncturist | | 21. Name of child's naturopath | | 22. Name of child's other health care provider | |
| [Handwritten: Mary Jane Smith] | | [Handwritten: F] | | [Handwritten: 09/05/60] | | [Handwritten: 10:30 AM] | | [Handwritten: 1234 Main St, Columbus, OH] | | [Handwritten: Mary Jane Smith] | | [Handwritten: John Doe] | | [Handwritten: Mary Jane Smith] | | [Handwritten: John Doe] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: St. Mary's Hospital] | | [Handwritten: Mrs. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | | |
| 1. Name of child | | 2. Sex | | 3. Date of birth | | 4. Time of birth | | 5. Place of birth | | 6. Name of mother | | 7. Name of father | | 8. Name of mother's maiden name | | 9. Name of father's maiden name | | 10. Name of child's physician | | 11. Name of child's hospital | | 12. Name of child's nurse | | 13. Name of child's doctor | | 14. Name of child's dentist | | 15. Name of child's pharmacist | | 16. Name of child's veterinarian | | 17. Name of child's optician | | 18. Name of child's podiatrist | | 19. Name of child's chiropractor | | 20. Name of child's acupuncturist | | 21. Name of child's naturopath | | 22. Name of child's other health care provider | |
| [Handwritten: John Doe] | | [Handwritten: M] | | [Handwritten: 09/06/60] | | [Handwritten: 11:00 AM] | | [Handwritten: 5678 Oak St, Cleveland, OH] | | [Handwritten: John Doe] | | [Handwritten: Mary Jane Smith] | | [Handwritten: John Doe] | | [Handwritten: Mary Jane Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: St. Mary's Hospital] | | [Handwritten: Mrs. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | [Handwritten: Dr. J. K. Smith] | | | |



719-207-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-799

| | | | | | | | |
|--|--|--|---|---|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Anna Elizabeth Gardner</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Dec 7 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Idaho Bannock</i> | a. County | b. City or Town of Birth
<i>Pocatello</i> | | |
| FATHER | 6. Full Name of Father
<i>Eldon M. Gardner</i> | | | | 7. State or Country of Father's Birth
<i>Iowa</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Catherine Walsh</i> | | | | 9. State or Country of Mother's Birth
<i>Nebraska</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Anna E. Muth</i> | | 11. Present Address of Registrant
<i>1413 S Borah Dr. L. Muth</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 24 1960</i> | | | | 12. Signature of Notary
<i>Genevieve M. Cannata</i> | | 13. Notary Commission expires
GENEVIEVE M. CANNATA
<i>My Commission Expires September 11, 1968</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
certified copy of marriage license affidavit | | | By whom issued and signed
<i>Harry Moore, county recorder, Bonneville County Idaho</i> | | Date issued
<i>Aug. 17, 1960</i> | Date Orig. Entry
<i>April 5, 1920</i> |
| | Date of Birth
<i>age 21</i> | Birth Place
----- | | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document
statement regarding insurance policy #31217802 | | | By whom issued and signed
<i>John Hancock Mutual Life Insurance Co. F.E. Karavaugt, sec.</i> | | Date issued
<i>Aug. 16, 1960</i> | Date Orig. Entry
<i>Feb. 15, 1939</i> |
| | Date of Birth
<i>Dec. 7, 1898</i> | Birth Place
<i>Pocatello, Idaho</i> | | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
copy of certificate of baptism | | | By whom issued and signed
<i>St. Joseph's Church, Pocatello Ida. C. M. Vechoever</i> | | Date issued
<i>Sept. 1, 1960</i> | Date Orig. Entry
<i>Dec. 17, 1898</i> |
| | Date of Birth
<i>Dec. 7, 1898</i> | Birth Place
----- | | Full Name of Mother
<i>Catharine Walsh</i> | | Name of Father
<i>Elden M. Gardner</i> | |
| QUALIFYING INFORMATION | certified copy of application for marriage license. Issued by State of Arizona, County of Yuma, signed by James B. McLay, clerk on the 1st of Aug. 1960, dated Aug. 23, 1937, age 38, native of Idaho. | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | | Evidence reviewed by
<i>pp Penny L. Wing</i> | | Date Filed
<i>Sept. 12, 1960</i> | |

SEP 12 1960

STATE OF IDAHO
DELAIED CERTIFICATE OF BIRTH

| | | | | | |
|-------------------------------|--|--------------------|--|---------------------|--|
| 1. Name of child at birth | | 2. Date of birth | | 3. Place of birth | |
| 4. Name of mother at birth | | 5. Date of birth | | 6. Place of birth | |
| 7. Name of father at birth | | 8. Date of birth | | 9. Place of birth | |
| 10. Name of child at present | | 11. Date of birth | | 12. Place of birth | |
| 13. Name of mother at present | | 14. Date of birth | | 15. Place of birth | |
| 16. Name of father at present | | 17. Date of birth | | 18. Place of birth | |
| 19. Name of child at present | | 20. Date of birth | | 21. Place of birth | |
| 22. Name of mother at present | | 23. Date of birth | | 24. Place of birth | |
| 25. Name of father at present | | 26. Date of birth | | 27. Place of birth | |
| 28. Name of child at present | | 29. Date of birth | | 30. Place of birth | |
| 31. Name of mother at present | | 32. Date of birth | | 33. Place of birth | |
| 34. Name of father at present | | 35. Date of birth | | 36. Place of birth | |
| 37. Name of child at present | | 38. Date of birth | | 39. Place of birth | |
| 40. Name of mother at present | | 41. Date of birth | | 42. Place of birth | |
| 43. Name of father at present | | 44. Date of birth | | 45. Place of birth | |
| 46. Name of child at present | | 47. Date of birth | | 48. Place of birth | |
| 49. Name of mother at present | | 50. Date of birth | | 51. Place of birth | |
| 52. Name of father at present | | 53. Date of birth | | 54. Place of birth | |
| 55. Name of child at present | | 56. Date of birth | | 57. Place of birth | |
| 58. Name of mother at present | | 59. Date of birth | | 60. Place of birth | |
| 61. Name of father at present | | 62. Date of birth | | 63. Place of birth | |
| 64. Name of child at present | | 65. Date of birth | | 66. Place of birth | |
| 67. Name of mother at present | | 68. Date of birth | | 69. Place of birth | |
| 70. Name of father at present | | 71. Date of birth | | 72. Place of birth | |
| 73. Name of child at present | | 74. Date of birth | | 75. Place of birth | |
| 76. Name of mother at present | | 77. Date of birth | | 78. Place of birth | |
| 79. Name of father at present | | 80. Date of birth | | 81. Place of birth | |
| 82. Name of child at present | | 83. Date of birth | | 84. Place of birth | |
| 85. Name of mother at present | | 86. Date of birth | | 87. Place of birth | |
| 88. Name of father at present | | 89. Date of birth | | 90. Place of birth | |
| 91. Name of child at present | | 92. Date of birth | | 93. Place of birth | |
| 94. Name of mother at present | | 95. Date of birth | | 96. Place of birth | |
| 97. Name of father at present | | 98. Date of birth | | 99. Place of birth | |
| 100. Name of child at present | | 101. Date of birth | | 102. Place of birth | |

34512-036-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-801

| | | | | |
|--|---|----------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
FREDERICK TREASURE | | 2. Date (month) (day) (year)
Of Birth January 12, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Marsh Valley Oneida | 6. City or Town of Birth
Marsh Valley, Idaho |
| FATHER | 6. Full Name of Father
John Treasure | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Bloxham | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Frederick Treasure</i> | 11. Present Address of Registrant
<i>Roberts, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 21</i> 19 <i>60</i> | | 12. Signature of Notary
<i>Siemens</i> | 13. Notary Commission expires
9419-63 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------------------|--|-----------------------------------|--|---------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #142494 | Date issued
----- | Date Orig. Entry
child born
April 24, 1926 |
| | Date of Birth
age 28 | Birth Place
Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
affidavit by aunt age 73 | | By whom issued and signed
Elizabeth Bloxham | Date issued
June 21, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Jan. 12, 1898 | Birth Place
Marsh Valley, Ida. | Full Name of Mother
Martha Bloxham | Name of Father
John Treasure | |
| SUPPORTING RECORD 3. | Type of Document
certificate of record of membership | | By whom issued and signed
LDS Church, Salt Lake City, Utah
Ella D. Jack, Custodian | Date issued
June 23, 1960 | Date Orig. Entry
baptized
July 1, 1905 |
| | Date of Birth
Jan. 12, 1898 | Birth Place
Marsh Valley, Ida. | Full Name of Mother
Martha Bloxham | Name of Father
John Treasure | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
Penny L. Wing | Date Filed
Sept. 12, 1960 | |

DELETED COPY OF
CHARGE NO. 1172

718202-025-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-861

| | | | | | | |
|--|---|---------------------|--------------------------------------|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Kittie ALtha Payne | | | 2. Date (month) (day) (year)
Of Birth 12 2 1898 | | |
| | 3. Color or Race
White | 4. Sex
7. | 5. Place of Birth
Westlake | a. County
Idaho | b. City or Town of Birth
Westlake | |
| FATHER | 6. Full Name of Father
William Harry Payne | | | 7. State or Country of Father's Birth
London England | | |
| MOTHER | 8. Full Maiden Name of Mother
Lenore Jerry McKinney | | | 9. State or Country of Mother's Birth
Texas | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
K. P. Hellman | | 11. Present Address of Registrant
Carmel Calif |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 24 1957 | | | 12. Signature of Notary
B. Deque | | 13. Notary Commission expires
Nov. 18 1957 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---------------------------------------|--|--|---|--|
| SUPPORTING RECORD 1- | Type of Document (10 yrs. older)
Affidavit by sister | | By whom issued and signed
Florrie Payne | | Date issued
5-24-57 | Date Orig. Entry |
| | Date of Birth
Dec. 2, 1898 | Birth Place
Westlake, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 2- | Type of Document
Federal Census Record | | By whom issued and signed
U. S. Dept. of Commerce Bureau of the Census | | Date issued
8-1-57 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Dec. 1898 | Birth Place
Idaho | Full Name of Mother
Lenore T. Payne | | Name of Father
William H. Payne | |
| SUPPORTING RECORD 3- | Type of Document
photocopy of family record | | By whom issued and signed
---- | | Date issued
---- | Date Orig. Entry
obviously old |
| | Date of Birth
Dec. 2, 1898 | Birth Place
---- | Full Name of Mother
L. T. McKinney | | Name of Father
W. H. Payne | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Penny L. Wing

Date Filed

Oct. 5, 1960

SECRET

1974-1975

007-10 10 J 007

1990

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93-22-173 93-45-14

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-862
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|---|---|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Roy Victor Hanson | | | | 2. Date (month) (day) (year)
Birth March 8th 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Genesee Latah | a. County
Latah | b. City or Town of Birth
Genesee, Idaho | |
| FATHER | 6. Full Name of Father
Henry Hanson | | | | 7. State or Country of Father's Birth
Winchester, Wisconsin | |
| MOTHER | 8. Full Maiden Name of Mother
Ingeborg Flamoe | | | | 9. State or Country of Mother's Birth
Norway | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Roy Victor Hanson</i> | | 11. Present Address of Registrant
519 - 5th Avenue Lewiston |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 7 1953</i> | | | 12. Signature of Notary
<i>Donald E. Springer</i> | | 13. Notary Commission expires Idaho 8-29 1955 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|---|---|--|--|
| SUPPORTING RECORD 1- | Type of Document
Certificate of Baptism | | By whom issued and signed
Danish Lutheran | | Date issued
June 12, 1898 |
| | Date of Birth
Mch 8, 1898 | Birth Place
Idaho | Full Name of Mother
Ingeborg | | Name of Father
Henry Hanson |
| SUPPORTING RECORD 2- | Type of Document
Family Bible Record | | By whom issued and signed
Mrs. Henry Hanson | | Date issued
Original Viewed by Notary Public |
| | Date of Birth
Mar. 8, 1898 | Birth Place
Idaho | Full Name of Mother
Mrs. Henry Hanson | | Name of Father
Mr. Henry Hanson |
| SUPPORTING RECORD 3- | Type of Document
affidavit by friend of family at time of birth | | By whom issued and signed
Peter Isoksen born 1880 | | Date issued
Sept. 30, 1960 |
| | Date of Birth
Mar. 8, 1898 | Birth Place
Latah County Genesee, Idaho | Full Name of Mother
Ingeborg, Flamoe | | Name of Father
Henry Hanson |

| | | | |
|-------------------------------------|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
Oct. 5, 1960 |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

WILLIAM

10-10-68

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1943-3-19

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10. Signature of Applicant _____

11. Signature of Notary _____

[illegible]

~~CONFIDENTIAL - SECURITY MATTER~~

100-341087-100

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 08-01-2001 BY 60322 UCBAW

APR 19 1968

10-10-68 10:10 AM

10/24/79 7:00 AM

THE UNIVERSITY OF CHICAGO PRESS

STOCK MARKET

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG was divided into two subgroups: the control group (CG) and the control group (CG). The EG was divided into two subgroups: the experimental group (EG) and the experimental group (EG).

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4. Source of fuel: gasoline

1 MAY 1965 10:00 AM

Produced for the U.S. Navy by the Naval Air Station, Dayton, Ohio

1944-1945

State Dept.

1004

100-443887-100

SECRET

Notes below the main event are of course a waste.

... ..

612218-004-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-869

| | | | | | | |
|--|---|-------------------------|---|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Ellen Leona Oakey</u> | | | 2. Date (month) (day) (year)
Of Birth <u>Sept.</u> <u>18th.</u> <u>1898</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Female</u> | 5. Place of Birth a. County
<u>Bear Lake</u> | b. City or Town of Birth
<u>Lanark</u> | | |
| FATHER | 6. Full Name of Father
<u>Charles Lorenzo Oakey</u> | | | 7. State or Country of Father's Birth
<u>Idaho</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Karen Sophia Berg</u> | | | 9. State or Country of Mother's Birth
<u>Denmark</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Ellen Leona Peterson</u> | | 11. Present Address of Registrant
<u>Evanston, Wyoming</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Sept. 19, 1960</u> 19 | | | 12. Signature of Notary
<u>Fred J. Price</u> | | 13. Notary Commission expires
<u>Oct. 1, 1960</u> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
affidavit by brother-in-law | | By whom issued and signed
<u>Sidney I. Thornock born 1888</u> | | Date issued
<u>Sept. 19, 1960</u> | Date Orig. Entry
----- |
| | Date of Birth
<u>Sept. 18, 1898</u> | Birth Place
<u>Bear Lake County
Lanark, Idaho</u> | Full Name of Mother
<u>Karen Sophia Berg Oakey</u> | | Name of Father
<u>Charles Lorenzo Oakey</u> | |
| SUPPORTING
RECORD 2. | Type of Document
certificate of baptism and confirmation | | By whom issued and signed
<u>IDS Church, Evanston 2nd Ward
Woodruff Stake, L.D. Cox, clerk</u> | | Date issued
<u>Sept. 19, 1960</u> | Date Orig. Entry
<u>baptized
Oct. 6, 1906</u> |
| | Date of Birth
<u>Sept. 18, 1906</u> | Birth Place
<u>Lanark, Idaho</u> | Full Name of Mother
<u>Sophia Jensen</u> | | Name of Father
<u>Charles L. Oakey</u> | |
| SUPPORTING
RECORD 3. | Type of Document
copy of own child's birth certificate | | By whom issued and signed
<u>State of Wyoming, #1921, Uinta
County</u> | | Date issued
--- | Date Orig. Entry
<u>child born
Oct. 22, 1921</u> |
| | Date of Birth
<u>age 23</u> | Birth Place
<u>Lanark, Idaho</u> | Full Name of Mother
---- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>W. Benson</u> | Evidence reviewed by
<u>Penny L. Wing</u> | Date Filed
<u>Oct. 5, 1960</u> |

OCT 6 1960

DELETED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|---|--|--|--|
| 1. Name of child at birth
2. Date of birth
3. Place of birth
4. Name of father
5. Name of mother | | 6. Name of child at birth
7. Date of birth
8. Place of birth
9. Name of father
10. Name of mother | |
| 11. Name of child at birth
12. Date of birth
13. Place of birth
14. Name of father
15. Name of mother | | 16. Name of child at birth
17. Date of birth
18. Place of birth
19. Name of father
20. Name of mother | |
| 21. Name of child at birth
22. Date of birth
23. Place of birth
24. Name of father
25. Name of mother | | 26. Name of child at birth
27. Date of birth
28. Place of birth
29. Name of father
30. Name of mother | |
| 31. Name of child at birth
32. Date of birth
33. Place of birth
34. Name of father
35. Name of mother | | 36. Name of child at birth
37. Date of birth
38. Place of birth
39. Name of father
40. Name of mother | |
| 41. Name of child at birth
42. Date of birth
43. Place of birth
44. Name of father
45. Name of mother | | 46. Name of child at birth
47. Date of birth
48. Place of birth
49. Name of father
50. Name of mother | |
| 51. Name of child at birth
52. Date of birth
53. Place of birth
54. Name of father
55. Name of mother | | 56. Name of child at birth
57. Date of birth
58. Place of birth
59. Name of father
60. Name of mother | |
| 61. Name of child at birth
62. Date of birth
63. Place of birth
64. Name of father
65. Name of mother | | 66. Name of child at birth
67. Date of birth
68. Place of birth
69. Name of father
70. Name of mother | |
| 71. Name of child at birth
72. Date of birth
73. Place of birth
74. Name of father
75. Name of mother | | 76. Name of child at birth
77. Date of birth
78. Place of birth
79. Name of father
80. Name of mother | |
| 81. Name of child at birth
82. Date of birth
83. Place of birth
84. Name of father
85. Name of mother | | 86. Name of child at birth
87. Date of birth
88. Place of birth
89. Name of father
90. Name of mother | |
| 91. Name of child at birth
92. Date of birth
93. Place of birth
94. Name of father
95. Name of mother | | 96. Name of child at birth
97. Date of birth
98. Place of birth
99. Name of father
100. Name of mother | |

I hereby certify that the above information was obtained from the Division of Vital Statistics for the State of Idaho and that the same is true and correct.

Date filed: _____
 Signature: _____

133-17-014-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-875

| | | | | | | | |
|--|--|---------------------------------------|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Wilbert Dewey Allen | | | | 2. Date (month) (day) (year)
Of Birth November 17 1898 | | |
| | 3. Color or Race
white | 4. Sex
Male | 5. Place of Birth
a. County
Canyon | | b. City or Town of Birth
Caldwell, Idaho | | |
| FATHER | 6. Full Name of Father
Charles Marlow Allen | | | | 7. State or Country of Father's Birth
Wiroke, Wisconsin | | |
| MOTHER | 8. Full Maiden Name of Mother
Anna May Cox | | | | 9. State or Country of Mother's Birth
Caldwell, Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Wilbert Dewey Allen</i> | | 11. Present Address of Registrant
<i>Caldwell R 3</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept. 30 1960</i> | | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 20 1964</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Insurance Application | | By whom issued and signed
Reserve Life Ins. Co. | | Date issued
----- | Date Orig. Entry
April 9, 1951 | |
| | Date of Birth
November 17, 1898 | Birth Place
----- | Full Name of Mother
-----, | | Name of Father
----- | | |
| SUPPORTING
RECORD 2- | Type of Document
Own child's birth certificate | | By whom issued and signed
on file in Idaho #124324 | | Date issued
---- | Date Orig. Entry
July 18, 1924 | |
| | Date of Birth
Age 25 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by friend of family at time of birth | | By whom issued and signed
Julia Krall age 77 | | Date issued
Oct. 6, 1960 | Date Orig. Entry
----- | |
| | Date of Birth
Nov. 17, 1898 | Birth Place
Caldwell, Idaho | Full Name of Mother
Anna May Cox | | Name of Father
Charles Marlow Allen | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Penny L. Wing | | | Date Filed
Oct. 10, 1960 | |

0691 13 1930

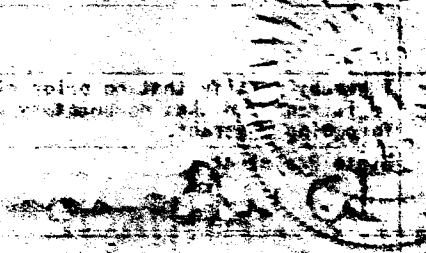
DECEASED CERTIFICATE OF BIRTH

STATE OF IDAHO

| | | | |
|--|--|---|--|
| 1. Name of child
Wilbert Dewey Allen | | 2. Sex
Male | |
| 3. Date of birth
17 November 1898 | | 4. Place of birth
Calidwell, Idaho | |
| 5. Name of mother
Wilbert Dewey Allen | | 6. Name of father
Wilbert Dewey Allen | |
| 7. State or County of birth
Idaho | | 8. State or County of residence
Idaho | |
| 9. Name of hospital or institution
Idaho | | 10. Name of physician
Idaho | |
| 11. Name of registrar
Idaho | | 12. Name of informant
Idaho | |
| 13. Name of informant
Idaho | | 14. Name of informant
Idaho | |
| 15. Name of informant
Idaho | | 16. Name of informant
Idaho | |
| 17. Name of informant
Idaho | | 18. Name of informant
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| 21. Name of informant
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| 27. Name of informant
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| 31. Name of informant
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| 33. Name of informant
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| 69. Name of informant
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| 91. Name of informant
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Idaho | |
| 93. Name of informant
Idaho | | 94. Name of informant
Idaho | |
| 95. Name of informant
Idaho | | 96. Name of informant
Idaho | |
| 97. Name of informant
Idaho | | 98. Name of informant
Idaho | |
| 99. Name of informant
Idaho | | 100. Name of informant
Idaho | |



DEPARTMENT OF HEALTH



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-903

| | | | | |
|--|---|-----------------------|---|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Charles Henry Teuscher</i> | | 2. Date (month) (day) (year)
<i>June 12 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
a. County
<i>Bear Lake</i> | b. City or Town of Birth
<i>Geneva Idaho</i> |
| FATHER | 6. Full Name of Father
<i>Charles Teuscher</i> | | 7. State or Country of Father's Birth
<i>Switzerland</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Caroline Jensen</i> | | 9. State or Country of Mother's Birth
<i>Montbelier, Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the
above statements are true to the
best of my knowledge and belief. | | 10. Signature of Registrant
<i>C. H. Teuscher</i> | 11. Present Address of Registrant
<i>Pocatello, Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct 14 1940</i> | | 12. Signature of Notary
<i>Ernest J. Hansen</i> | 13. Notary Commission expires
<i>Nov. 1 1960</i> |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|------------------------|---|------------------------------|---|------------------------------------|---|
| SUPPORTING
RECORD 1 | Type of Document
statement regarding church records | | By whom issued and signed
LDS Church, Pocatello 13th Ward, Horace L. Morrill, Jr. Bis. | Date issued
Oct. 10, 1960 | Date Orig. Entry recorded
June 6, 1906 |
| | Date of Birth
June 12, 1898 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2 | Type of Document
photocopy of transcript of credits | | By whom issued and signed
University of Washington Ethelyne Toner, Registrar | Date issued
Feb. 8, 1950 | Date Orig. Entry graduated
1919 |
| | Date of Birth
June 12, 1898 | Birth Place
Geneva, Idaho | Full Name of Mother
Carrie Teuscher | Name of Father
Charles Teuscher | |
| SUPPORTING
RECORD 3 | Type of Document
photocopy of application for insurance policy | | By whom issued and signed
Business Men's Assurance Co. of America | Date issued
----- | Date Orig. Entry
Sept. 11, 1931 |
| | Date of Birth
June 12 1898 | Birth Place
Geneva, Idaho | Full Name of Mother
----- | Name of Father
----- | |

| | | | |
|---|--|---|----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTERAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by

Penny L. Wing | Date Filed

October 18, 19 |

DECEASED CERTIFICATE OF BIRTH STATE OF IDAHO

1969 18 100

| | | | | | |
|---------------------------------|--|---------------------------------------|--|---------------------------------------|--|
| 1. Full Name of Deceased | | 2. Full Name of Mother | | 3. Full Name of Father | |
| 4. Date of Birth | | 5. Place of Birth | | 6. City or Town of Birth | |
| 7. State or Country of Birth | | 8. State or Country of Mother's Birth | | 9. State or Country of Father's Birth | |
| 10. Present Address of Deceased | | 11. Present Address of Mother | | 12. Present Address of Father | |
| 13. Notify Commission Address | | 14. Notify Commission Address | | 15. Notify Commission Address | |
| 16. Date Issued | | 17. Date Issued | | 18. Date Issued | |
| 19. Name of Issuer | | 20. Name of Issuer | | 21. Name of Issuer | |
| 22. Date of Birth | | 23. Date of Birth | | 24. Date of Birth | |
| 25. Name of Deceased | | 26. Name of Deceased | | 27. Name of Deceased | |
| 28. Date of Birth | | 29. Date of Birth | | 30. Date of Birth | |
| 31. Name of Deceased | | 32. Name of Deceased | | 33. Name of Deceased | |
| 34. Date of Birth | | 35. Date of Birth | | 36. Date of Birth | |
| 37. Name of Deceased | | 38. Name of Deceased | | 39. Name of Deceased | |
| 40. Date of Birth | | 41. Date of Birth | | 42. Date of Birth | |
| 43. Name of Deceased | | 44. Name of Deceased | | 45. Name of Deceased | |
| 46. Date of Birth | | 47. Date of Birth | | 48. Date of Birth | |
| 49. Name of Deceased | | 50. Name of Deceased | | 51. Name of Deceased | |
| 52. Date of Birth | | 53. Date of Birth | | 54. Date of Birth | |
| 55. Name of Deceased | | 56. Name of Deceased | | 57. Name of Deceased | |
| 58. Date of Birth | | 59. Date of Birth | | 60. Date of Birth | |
| 61. Name of Deceased | | 62. Name of Deceased | | 63. Name of Deceased | |
| 64. Date of Birth | | 65. Date of Birth | | 66. Date of Birth | |
| 67. Name of Deceased | | 68. Name of Deceased | | 69. Name of Deceased | |
| 70. Date of Birth | | 71. Date of Birth | | 72. Date of Birth | |
| 73. Name of Deceased | | 74. Name of Deceased | | 75. Name of Deceased | |
| 76. Date of Birth | | 77. Date of Birth | | 78. Date of Birth | |
| 79. Name of Deceased | | 80. Name of Deceased | | 81. Name of Deceased | |
| 82. Date of Birth | | 83. Date of Birth | | 84. Date of Birth | |
| 85. Name of Deceased | | 86. Name of Deceased | | 87. Name of Deceased | |
| 88. Date of Birth | | 89. Date of Birth | | 90. Date of Birth | |
| 91. Name of Deceased | | 92. Name of Deceased | | 93. Name of Deceased | |
| 94. Date of Birth | | 95. Date of Birth | | 96. Date of Birth | |
| 97. Name of Deceased | | 98. Name of Deceased | | 99. Name of Deceased | |
| 100. Date of Birth | | 101. Date of Birth | | 102. Date of Birth | |



255-109-003-515

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De 60-913**

| | | | | | | |
|--|---|-----------------------|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Lawrence Mark Kendall | | | 2. Date (month) (day) (year)
Of Birth February 9 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
a. County
Bannock | b. City or Town of Birth
Downey | | |
| FATHER | 6. Full Name of Father
Ruben N. Kendall | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Delina Jane Van Leuven | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>LM Kendall</i> | | 11. Present Address of Registrant
<i>Rt #3 Weiser Idaho.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 20 1960</i> | | | 12. Signature of Notary
<i>Hayel L. Shurlbert</i> | | 13. Notary Commission expires
<i>Sept. 20 1964</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Ordination
in the Priesthood to a Deacon | | By whom issued and signed
W. A. Dewey | | Date issued
Jan 14,
1912 | Date Orig. Entry
January 14,
1912 |
| | Date of Birth
February 9,
1898 | Birth Place
Downey, Bannock
County, Idaho | Full Name of Mother
Delina Van Lueven | | Name of Father
Ruben N. Kendall | |
| SUPPORTING
RECORD 2- | Type of Document
Honorable Discharge from
United States Army | | By whom issued and signed
Malina Craig | | Date issued
January 3,
1922 | Date Orig. Entry
January 3,
1922 |
| | Date of Birth
Age 22 | Birth Place
Downey, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Drivers License | | By whom issued and signed

State of Oregon | | Date issued
August 4,
1948 | Date Orig. Entry
August 4,
1948 |
| | Date of Birth
February 9,
1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |

| | | | |
|--|--|---|---------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Elaine Coy | Date Filed
October 20, 1960 |

255-109-003-515

MAR 8 1976

DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

110-90-30

[illegible]

| | | | | |
|---|---|---|--|---|
| <p> ARE 22
 Donner, Idaho
 United States Army
 Honorable Discharge from
 1937 </p> | <p> 1937
 County, Idaho
 Donner, Lemack
 in the priesthood to a person
 Certificate of Ordination </p> | <p> 1937
 Donner, Idaho
 Delina Van Looven
 W. A. Donner </p> | <p> 1937
 January 3,
 1937 </p> | <p> 1937
 January 14,
 1937 </p> |
|---|---|---|--|---|

[illegible]

W. C. Benson
Elaine Cox
October 20, 1952
Date filed

318-201-022-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-1001

| | | | | | | |
|--|--|--------------------------------------|---|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Murtle Cahoon</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Oct. 1 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Rexburg</i> | a. County
<i>Fremont</i> | b. City or Town of Birth
<i>Rexburg Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>John Farrington Cahoon</i> | | | | 7. State or Country of Father's Birth
<i>Coalville Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Magdalene Hansen</i> | | | | 9. State or Country of Mother's Birth
<i>Cottonwood Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Murtle Cahoon Bessing</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 16 1958</i> | | | | 11. Present Address of Registrant
<i>not given for Oregon</i> | |
| | | | | 12. Signature of Notary
<i>James H. Paley</i> | | |
| | | | | 13. Notary Commission expires
<i>Aug 8 1961</i> | | |
| <p align="center">APPLICANT DO NOT WRITE BELOW THIS LINE</p> | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document (born 9-2-1887)
<i>Affidavit by sister</i> | | By whom issued and signed
<i>Emma Caroline Cahoon Heath</i> | | Date issued
<i>5-20-58</i> | Date Orig. Entry |
| | Date of Birth
<i>Oct. 1, 1898</i> | Birth Place
<i>Rexburg, Idaho</i> | Full Name of Mother
<i>Magdalene Hanson Cahoon</i> | | Name of Father
<i>John Farrington Cahoon</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Idaho #113917</i> | | Date issued | Date Orig. Entry
<i>child born July 19, 1923</i> |
| | Date of Birth
<i>age 24</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
<i>Certified copy of marriage license affidavit</i> | | By whom issued and signed
<i>Fremont County Idaho, LaMonte Bauer, clerk of Court</i> | | Date issued
<i>Nov. 3, 1960</i> | Date Orig. Entry
<i>Dec. 12, 1917</i> |
| | Date of Birth
<i>age 19</i> | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
<i>Mr Penny L. Wing</i> | | Date Filed
<i>Nov. 15, 1960</i> | |

815-212-029-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De60-1036

| | | | | | | | |
|--|--|--|--|--|---|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Rose L. Hanning</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>2</i> <i>12</i> <i>1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Moscow Idaho</i> | | 6. City or Town of Birth
<i>Moscow Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Fred Hanning</i> | | | | 7. State or Country of Father's Birth
<i>Minnesota</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Lottie Timmons</i> | | | | 9. State or Country of Mother's Birth
<i>Illinois</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Rose L. Hallett</i> | | 11. Present Address of Registrant
<i>118 1/2 N. Main - ^{Calif} Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 2, 1960</i> | | | | 12. Signature of Notary
<i>E. G. Hocking</i> | | 13. Notary Commission expires
<i>Aug. 16, 1962</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
<i>Insurance Application</i> | | By whom issued and signed
<i>Occidental Life Ins. Co. of Calif.</i> | | Date issued | Date Orig. Entry
<i>Aug. 16, 1951</i> | |
| | Date of Birth
<i>Feb. 12, 1898</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>Charlotte M. Timmons</i> | | Name of Father
<i>Fred W. Hanning</i> | | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Social Security Record</i> | | By whom issued and signed
<i>Treasury Department</i> | | Date issued | Date Orig. Entry
<i>July 1, 1942</i> | |
| | Date of Birth
<i>Feb. 12, 1898</i> | Birth Place
<i>Latah County Moscow, Idaho</i> | Full Name of Mother
<i>Charlotte M. Timmons</i> | | Name of Father
<i>Fred W. Hanning</i> | | |
| SUPPORTING
RECORD 3. | Type of Document
(Copy)
<i>own child's birth certificate</i> | | By whom issued and signed
<i>State of Washington 16173</i> | | Date issued
<i>Dec. 12, 1947</i> | Date Orig. Entry
<i>child born Nov. 12, 1925</i> | |
| | Date of Birth
<i>age 27</i> | Birth Place
<i>Moscow, Idaho</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
<i>Mr. Penny L. Wing</i> | | | Date Filed
<i>Nov. 25, 1960</i> | |

NOV 25 1960

DELETED CERTIFICATE OF BIRTH
STATE OF IDAHO



| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Name of child | 2. Date of birth | 3. Place of birth | 4. Sex of child |
| 5. Name of mother | 6. Name of father | 7. Date of marriage | 8. Name of hospital |
| 9. Name of physician | 10. Name of registrar | 11. Name of informant | 12. Name of informant |
| 13. Name of informant | 14. Name of informant | 15. Name of informant | 16. Name of informant |

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. Name of informant | 18. Name of informant | 19. Name of informant | 20. Name of informant |
| 21. Name of informant | 22. Name of informant | 23. Name of informant | 24. Name of informant |
| 25. Name of informant | 26. Name of informant | 27. Name of informant | 28. Name of informant |
| 29. Name of informant | 30. Name of informant | 31. Name of informant | 32. Name of informant |

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 33. Name of informant | 34. Name of informant | 35. Name of informant | 36. Name of informant |
| 37. Name of informant | 38. Name of informant | 39. Name of informant | 40. Name of informant |
| 41. Name of informant | 42. Name of informant | 43. Name of informant | 44. Name of informant |
| 45. Name of informant | 46. Name of informant | 47. Name of informant | 48. Name of informant |

363-227-030-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 60-1082

| | | | | | | |
|---|---|------------------|---|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Helen Virginia Cochran | | | 2. Date of Birth
(month) (day) (year)
October 27 1898 | | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
a. County
Lemhi | b. City or Town of Birth
May | | |
| FATHER | 6. Full Name of Father
Holiday Hicks Cochran | | | 7. State or Country of Father's Birth
Maryland | | |
| MOTHER | 8. Full Maiden Name of Mother
Lusina Wright Skiff | | | 9. State or Country of Mother's Birth
New York | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Helen Virginia Cochran</i> | | 11. Present Address of Registrant
Apt. 3, 715 North 5th Street
Boise, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 13, 1960 | | | 12. Signature of Notary
<i>W. W. Benson</i> | | 13. Notary Commission expires
November 20, 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|---------------------------|--|---|--------------------------------------|
| SUPPORTING RECORD 1. | Type of Document
Statement Regarding School Record | | By whom issued and signed
University of Idaho
D. D. DuSault, Registrar | Date issued
March 2, 1956 | Date Orig. Entry
October 2, 1918 |
| | Date of Birth
October 27, 1898 | Birth Place
May, Idaho | Full Name of Mother
----- | Name of Father
H. H. Cochran | |
| SUPPORTING RECORD 2. | Type of Document
Affidavit by Cousin Age 70 | | By whom issued and signed
Hazel M. Morrow | Date issued
October 27, 1956 | Date Orig. Entry
October 27, 1956 |
| | Date of Birth
October 27, 1898 | Birth Place
May, Idaho | Full Name of Mother
Lusina Skiff Cochran | Name of Father
Holiday Hicks Cochran | |
| SUPPORTING RECORD 3. | Type of Document
Certified Photostatic copy of Bible Record | | By whom issued and signed
Donald F. Nichols, Notary Public | Date issued
October 27, 1956 | Date Orig. Entry
Obviously Old |
| | Date of Birth
October 27, 1898 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

W. W. Benson

Elaine Coy

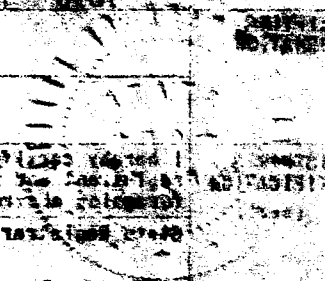
December 13, 1960

DEC 14 1960

STATE OF IDAHO
DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO, DE 60-1083

| | | | |
|--|--|--|--|
| 1. Date of Birth: 10/21/1928
2. Place of Birth: Idaho | | 3. Name of Mother: Holiday Hilda Cochran
4. Name of Father: Leland | |
| 5. Date of Birth: 10/21/1928
6. Place of Birth: Idaho | | 7. Name of Mother: Holiday Hilda Cochran
8. Name of Father: Leland | |
| 9. Date of Birth: 10/21/1928
10. Place of Birth: Idaho | | 11. Name of Mother: Holiday Hilda Cochran
12. Name of Father: Leland | |
| 13. Date of Birth: 10/21/1928
14. Place of Birth: Idaho | | 15. Name of Mother: Holiday Hilda Cochran
16. Name of Father: Leland | |
| 17. Date of Birth: 10/21/1928
18. Place of Birth: Idaho | | 19. Name of Mother: Holiday Hilda Cochran
20. Name of Father: Leland | |
| 21. Date of Birth: 10/21/1928
22. Place of Birth: Idaho | | 23. Name of Mother: Holiday Hilda Cochran
24. Name of Father: Leland | |
| 25. Date of Birth: 10/21/1928
26. Place of Birth: Idaho | | 27. Name of Mother: Holiday Hilda Cochran
28. Name of Father: Leland | |
| 29. Date of Birth: 10/21/1928
30. Place of Birth: Idaho | | 31. Name of Mother: Holiday Hilda Cochran
32. Name of Father: Leland | |
| 33. Date of Birth: 10/21/1928
34. Place of Birth: Idaho | | 35. Name of Mother: Holiday Hilda Cochran
36. Name of Father: Leland | |
| 37. Date of Birth: 10/21/1928
38. Place of Birth: Idaho | | 39. Name of Mother: Holiday Hilda Cochran
40. Name of Father: Leland | |
| 41. Date of Birth: 10/21/1928
42. Place of Birth: Idaho | | 43. Name of Mother: Holiday Hilda Cochran
44. Name of Father: Leland | |
| 45. Date of Birth: 10/21/1928
46. Place of Birth: Idaho | | 47. Name of Mother: Holiday Hilda Cochran
48. Name of Father: Leland | |
| 49. Date of Birth: 10/21/1928
50. Place of Birth: Idaho | | 51. Name of Mother: Holiday Hilda Cochran
52. Name of Father: Leland | |
| 53. Date of Birth: 10/21/1928
54. Place of Birth: Idaho | | 55. Name of Mother: Holiday Hilda Cochran
56. Name of Father: Leland | |
| 57. Date of Birth: 10/21/1928
58. Place of Birth: Idaho | | 59. Name of Mother: Holiday Hilda Cochran
60. Name of Father: Leland | |
| 61. Date of Birth: 10/21/1928
62. Place of Birth: Idaho | | 63. Name of Mother: Holiday Hilda Cochran
64. Name of Father: Leland | |
| 65. Date of Birth: 10/21/1928
66. Place of Birth: Idaho | | 67. Name of Mother: Holiday Hilda Cochran
68. Name of Father: Leland | |
| 69. Date of Birth: 10/21/1928
70. Place of Birth: Idaho | | 71. Name of Mother: Holiday Hilda Cochran
72. Name of Father: Leland | |
| 73. Date of Birth: 10/21/1928
74. Place of Birth: Idaho | | 75. Name of Mother: Holiday Hilda Cochran
76. Name of Father: Leland | |
| 77. Date of Birth: 10/21/1928
78. Place of Birth: Idaho | | 79. Name of Mother: Holiday Hilda Cochran
80. Name of Father: Leland | |
| 81. Date of Birth: 10/21/1928
82. Place of Birth: Idaho | | 83. Name of Mother: Holiday Hilda Cochran
84. Name of Father: Leland | |
| 85. Date of Birth: 10/21/1928
86. Place of Birth: Idaho | | 87. Name of Mother: Holiday Hilda Cochran
88. Name of Father: Leland | |
| 89. Date of Birth: 10/21/1928
90. Place of Birth: Idaho | | 91. Name of Mother: Holiday Hilda Cochran
92. Name of Father: Leland | |
| 93. Date of Birth: 10/21/1928
94. Place of Birth: Idaho | | 95. Name of Mother: Holiday Hilda Cochran
96. Name of Father: Leland | |
| 97. Date of Birth: 10/21/1928
98. Place of Birth: Idaho | | 99. Name of Mother: Holiday Hilda Cochran
100. Name of Father: Leland | |



December 13, 1960

State of Idaho

W. M. Benson

Evidence reviewed by

Date filed

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this child and that documentary evidence has been reviewed, which substantiated the facts as set forth in the foregoing statement.

112-15-2008-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 61-002

| | | | | | | |
|--|--|---------------------------------------|---|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Charles Franklin Jasper | | | | 2. Date (month) (day) (year)
Of Birth November 15 1898 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Boise | a. County | b. City or Town of Birth
Rosebury Roseberry | |
| FATHER | 6. Full Name of Father
John Merrel Jasper | | | | 7. State or Country of Father's Birth
Weiser, Idaho | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Etta Cole | | | | 9. State or Country of Mother's Birth
Missouri | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Charles Franklin Jasper</i> | | 11. Present Address of Registrant |
| ROTARY (Seal) | Subscribed and sworn to before me on
<i>November 7, 1960</i> | | | 12. Signature of Notary
<i>Allen Spradlin</i> | | 13. Notary Commission expires
<i>June 28, 1964</i> |
| APPLICANT — DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Bible record | | By whom issued and signed
----- | | Date issued
----- | Date Orig. Entry
Obviously old |
| | Date of Birth
November 15, 1898 | Birth Place
----- | Full Name of Mother
John M. Jasper
Mary E. Jasper | | Name of Father
John M. Jasper | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance policy | | By whom issued and signed
Gem State Mutual Life | | Date issued
August 1, 1949 | Date Orig. Entry
August 1, 1949 |
| | Date of Birth
November 15 1898 | Birth Place
Roseberry Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Insurance policy | | By whom issued and signed
American Home Benefit Ass. | | Date issued
October 1939 | Date Orig. Entry
October, 1939 |
| | Date of Birth
November 15 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
ec Elaine Coy | | | Date Filed
January 3, 1961 |

168-227-029-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-038

| | | | | | | |
|--|--|--|---|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Hattie Hazel Johnson | | | | 2. Date (month) (day) (year)
Of Birth Dec. 27 1898 | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Latah | | b. City or Town of Birth
Genesee | |
| FATHER | 6. Full Name of Father
August S. Johnson | | | | 7. State or Country of Father's Birth
Sweden | |
| MOTHER | 8. Full Maiden Name of Mother
Ida Mary Johnson | | | | 9. State or Country of Mother's Birth
Sweden | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Hattie H. Johnson | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Jan 10 1961 | | | | 11. Present Address of Registrant
P.O. Box 192, Moscow, Ida. | |
| | 12. Signature of Notary
J. M. O'Donnell | | | | 13. Notary Commission expires
Sept 10 1961 | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
affidavit by sister | | By whom issued and signed
Pearl J. Huntbach born 1888 | | Date issued
Jan. 10, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Dec. 27, 1898 | Birth Place
Latah, County Genesee, Idaho | Full Name of Mother
Ida Mary Johnson | | Name of Father
August S. Johnson | |
| SUPPORTING
RECORD 2. | Type of Document
Notarized Family Bible record | | By whom issued and signed
J. M. O'Donnell | | Date issued
Jan. 12, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Dec. 27, 1898 | Birth Place
----- | Full Name of Mother
Ida Marie Johnson | | Name of Father
August Johnson | |
| SUPPORTING
RECORD 3. | Type of Document
Insurance Policy | | By whom issued and signed
Royal Neighbors of America | | Date issued
July 14, 1952 | Date Orig. Entry
April 25, 1925 |
| | Date of Birth
Dec. 27, 1898 | Birth Place
Genesee, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. Benson | | Evidence reviewed by
Penny L. Wing | | Date Filed
Jan. 16, 1961 | |

JAN 16 1961

DELETED CERTIFICATE OF BIRTH
STATE OF TEXAS

820-10000-1

NAME OF CHILD: [illegible]
DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
FATHER'S NAME: [illegible]
MOTHER'S NAME: [illegible]
FATHER'S ADDRESS: [illegible]
MOTHER'S ADDRESS: [illegible]

DATE OF DEATH: [illegible]
PLACE OF DEATH: [illegible]
CAUSE OF DEATH: [illegible]
FATHER'S ADDRESS: [illegible]
MOTHER'S ADDRESS: [illegible]

DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
FATHER'S NAME: [illegible]
MOTHER'S NAME: [illegible]
FATHER'S ADDRESS: [illegible]
MOTHER'S ADDRESS: [illegible]

DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
FATHER'S NAME: [illegible]
MOTHER'S NAME: [illegible]
FATHER'S ADDRESS: [illegible]
MOTHER'S ADDRESS: [illegible]

DATE OF BIRTH: [illegible]
PLACE OF BIRTH: [illegible]
FATHER'S NAME: [illegible]
MOTHER'S NAME: [illegible]
FATHER'S ADDRESS: [illegible]
MOTHER'S ADDRESS: [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-046

| | | | | | | |
|--|---|---------------------|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MARY CHARLOTTE GRAHAM | | | | 2. Date (month) (day) (year)
Of Birth May 14 1898 | |
| | 3. Color or Race
White | 4. Sex
Fe | 5. Place of Birth a. County
Blaine Co. | | b. City or Town of Birth
Hailey | |
| FATHER | 6. Full Name of Father
Freeman Graham | | | | 7. State or Country of Father's Birth
Oceola Mo. | |
| MOTHER | 8. Full Maiden Name of Mother
Ida Mary Bourgeois | | | | 9. State or Country of Mother's Birth
Portland Ore. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mary Charlotte Graham</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
December 12, 1960 | | | | 11. Present Address of Registrant
2711 Swan Ave, Yakima Wn. | |
| | 12. Signature of Notary
<i>Joseph N. Guld</i> | | | | 13. Notary Commission expires
Feb. 24, 1964 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|--|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Department | | Date Issued
----- |
| | Date of Birth
May 14, 1898 | | Full Name of Mother
Ida Mary Bourgeois | | Date Orig. Entry
Apr. 16, 1943 |
| | Birth Place
Blaine County
Hailey, Idaho | | Name of Father
Freeman Graham | | |
| | | | | | |
| SUPPORTING
RECORD 2. | Type of Document
Census Record | | By whom issued and signed
Bureau of the Census | | Date Issued
Dec. 28, 1960 |
| | Date of Birth
May 1898 | | Full Name of Mother
Ida M. Graham | | Date Orig. Entry
June 1, 1900 |
| | Birth Place
Idaho | | Name of Father
Friman Graham | | |
| | | | | | |
| SUPPORTING
RECORD 3. | Type of Document
statement regarding marriage records | | By whom issued and signed
Lincoln County Idaho, Luella L. Kinsey, clerk of Dist. court | | Date Issued
Dec. 14, 1960 |
| | Date of Birth
age 222 | | Full Name of Mother
----- | | Date Orig. Entry
Sept. 25, 1920 |
| | Birth Place
----- | | Name of Father
----- | | |
| | | | | | |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. L. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
Jan. 17, 1961 |

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

CONFIDENTIAL

CONFIDENTIAL

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299-103-025-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-105

| | | | | | | | |
|--|---|----------------|---------------------------------|---------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Elmo Eugene Birkeland | | | | 2. Date (month) (day) (year)
Of Birth August 3rd 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Ferdinand, | a. County
Idaho. | b. City or Town of Birth
near Ferdinand, Idaho. | | |
| FATHER | 6. Full Name of Father
Ole G. Birkeland | | | | 7. State or Country of Father's Birth
Norway | | |
| MOTHER | 8. Full Maiden Name of Mother
Helen Hanson | | | | 9. State or Country of Mother's Birth
Wisconsin | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Elmo Eugene Birkeland | | 11. Present Address of Registrant
Ferdinand, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
J. S. 1, 1961 | | | | 12. Signature of Notary
J. S. Maden | | 13. Notary Commission expires
Sept 20 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|--|--|------------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
statement regarding selective service records | | By whom issued and signed
State Headquarters-Selective Service, Annabel R. Woodmore | | Date issued
Apr. 21, 1960 | Date Orig. Entry
Mar. 9, 1942 |
| | Date of Birth
Aug. 3, 1898 | Birth Place
Ferdinand, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
affidavit by friend of family at time of birth | | By whom issued and signed age 79
Joseph C. Aschenbrenner | | Date issued
Jan. 27, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Aug. 3, 1898 | Birth Place
Idaho County
Ferdinand, Idaho | Full Name of Mother
Helen Hanson | | Name of Father
Ole G. Birkeland | |
| SUPPORTING
RECORD 3- | Type of Document
statement regarding Roll of Registered Electors | | By whom issued and signed
Idaho County, Idaho, Carl T. Reuter, County Recorder | | Date issued
Apr. 20, 1960 | Date Orig. Entry
June 12, 1926 |
| | Date of Birth
age 27 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---------------------------------------|----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Penny L. Wing | Date Filed
Feb. 3, 1961 |

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-111

| | | | | | | | |
|--|---|-------------------------|---|-----------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Anna Louise Gneiting</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Aug. 6 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Coltman, Bonneville</i> | a. County | b. City or Town of Birth
<i>Coltman mail Idaho Falls</i> | | |
| FATHER | 6. Full Name of Father
<i>Abraham Gneiting</i> | | | | 7. State or Country of Father's Birth
<i>Germany</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Anna M. Oswald</i> | | | | 9. State or Country of Mother's Birth
<i>Germany</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Anna L. Gneiting</i> | | 11. Present Address of Registrant
<i>476 So. State, Preston, Id.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Jan 18 1961</i> | | | | 12. Signature of Notary
<i>Red Larson</i> | | 13. Notary Commission expires
<i>May 12 1962</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #165187 | | Date issued
----- | Date Orig. Entry
child born
Sept. 8, 1928 |
| | Date of Birth
age 30 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Church Certificate of birth | | By whom issued and signed
IDS Church, Bingham Stake,
Joseph F. Smith, Historian | | Date issued
Jan. 19, 1961 | Date Orig. Entry
recorded
July 6, 1907 |
| | Date of Birth
Aug. 6, 1898 | Birth Place
Bonneville County
Coltman, Idaho | Full Name of Mother
----- | | Name of Father
<i>Abraham Gneiting</i> | |
| SUPPORTING
RECORD 3- | Type of Document
Marriage License Application | | By whom issued and signed
Salt Lake County, Utah,
Alvin Keddington, clerk | | Date issued
Jan. 23, 1961 | Date Orig. Entry
June 18, 1924 |
| | Date of Birth
Aug. 6, 1898 | Birth Place
Idaho Falls | Full Name of Mother
Anna Oswald | | Name of Father
A. Gneiting | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|---------------------------------------|----------------------------|
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
Feb. 7, 1961 |
|--|---------------------------------------|----------------------------|

FEB 8 1961

STATE OF TEXAS
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

State File No. 0001-111

| | | | | | | | | | |
|--|--|--|--|---|--|--|--|---|--|
| 1. Name of child at birth
<i>Johnnie Lee Smith</i> | | 2. Sex
Male | | 3. Date of birth
Feb. 1, 1958 | | 4. Time of birth
11:00 AM | | 5. Place of birth
Dallas, Texas | |
| 6. Name of mother
<i>Johnnie Lee Smith</i> | | 7. Name of father
<i>Johnnie Lee Smith</i> | | 8. Date of marriage
Jan. 1, 1958 | | 9. Name of mother at birth
<i>Johnnie Lee Smith</i> | | 10. Name of father at birth
<i>Johnnie Lee Smith</i> | |
| 11. Present address of mother
<i>1111 N. Main St. Dallas, Texas</i> | | 12. Present address of father
<i>1111 N. Main St. Dallas, Texas</i> | | 13. Signature of mother
<i>Johnnie Lee Smith</i> | | 14. Signature of father
<i>Johnnie Lee Smith</i> | | 15. Signature of physician
<i>Johnnie Lee Smith</i> | |
| 16. Date of birth
Feb. 1, 1958 | | 17. Date of birth
Feb. 1, 1958 | | 18. Date of birth
Feb. 1, 1958 | | 19. Date of birth
Feb. 1, 1958 | | 20. Date of birth
Feb. 1, 1958 | |
| 21. Date of birth
Feb. 1, 1958 | | 22. Date of birth
Feb. 1, 1958 | | 23. Date of birth
Feb. 1, 1958 | | 24. Date of birth
Feb. 1, 1958 | | 25. Date of birth
Feb. 1, 1958 | |
| 26. Date of birth
Feb. 1, 1958 | | 27. Date of birth
Feb. 1, 1958 | | 28. Date of birth
Feb. 1, 1958 | | 29. Date of birth
Feb. 1, 1958 | | 30. Date of birth
Feb. 1, 1958 | |
| 31. Date of birth
Feb. 1, 1958 | | 32. Date of birth
Feb. 1, 1958 | | 33. Date of birth
Feb. 1, 1958 | | 34. Date of birth
Feb. 1, 1958 | | 35. Date of birth
Feb. 1, 1958 | |
| 36. Date of birth
Feb. 1, 1958 | | 37. Date of birth
Feb. 1, 1958 | | 38. Date of birth
Feb. 1, 1958 | | 39. Date of birth
Feb. 1, 1958 | | 40. Date of birth
Feb. 1, 1958 | |
| 41. Date of birth
Feb. 1, 1958 | | 42. Date of birth
Feb. 1, 1958 | | 43. Date of birth
Feb. 1, 1958 | | 44. Date of birth
Feb. 1, 1958 | | 45. Date of birth
Feb. 1, 1958 | |
| 46. Date of birth
Feb. 1, 1958 | | 47. Date of birth
Feb. 1, 1958 | | 48. Date of birth
Feb. 1, 1958 | | 49. Date of birth
Feb. 1, 1958 | | 50. Date of birth
Feb. 1, 1958 | |
| 51. Date of birth
Feb. 1, 1958 | | 52. Date of birth
Feb. 1, 1958 | | 53. Date of birth
Feb. 1, 1958 | | 54. Date of birth
Feb. 1, 1958 | | 55. Date of birth
Feb. 1, 1958 | |
| 56. Date of birth
Feb. 1, 1958 | | 57. Date of birth
Feb. 1, 1958 | | 58. Date of birth
Feb. 1, 1958 | | 59. Date of birth
Feb. 1, 1958 | | 60. Date of birth
Feb. 1, 1958 | |
| 61. Date of birth
Feb. 1, 1958 | | 62. Date of birth
Feb. 1, 1958 | | 63. Date of birth
Feb. 1, 1958 | | 64. Date of birth
Feb. 1, 1958 | | 65. Date of birth
Feb. 1, 1958 | |
| 66. Date of birth
Feb. 1, 1958 | | 67. Date of birth
Feb. 1, 1958 | | 68. Date of birth
Feb. 1, 1958 | | 69. Date of birth
Feb. 1, 1958 | | 70. Date of birth
Feb. 1, 1958 | |
| 71. Date of birth
Feb. 1, 1958 | | 72. Date of birth
Feb. 1, 1958 | | 73. Date of birth
Feb. 1, 1958 | | 74. Date of birth
Feb. 1, 1958 | | 75. Date of birth
Feb. 1, 1958 | |
| 76. Date of birth
Feb. 1, 1958 | | 77. Date of birth
Feb. 1, 1958 | | 78. Date of birth
Feb. 1, 1958 | | 79. Date of birth
Feb. 1, 1958 | | 80. Date of birth
Feb. 1, 1958 | |
| 81. Date of birth
Feb. 1, 1958 | | 82. Date of birth
Feb. 1, 1958 | | 83. Date of birth
Feb. 1, 1958 | | 84. Date of birth
Feb. 1, 1958 | | 85. Date of birth
Feb. 1, 1958 | |
| 86. Date of birth
Feb. 1, 1958 | | 87. Date of birth
Feb. 1, 1958 | | 88. Date of birth
Feb. 1, 1958 | | 89. Date of birth
Feb. 1, 1958 | | 90. Date of birth
Feb. 1, 1958 | |
| 91. Date of birth
Feb. 1, 1958 | | 92. Date of birth
Feb. 1, 1958 | | 93. Date of birth
Feb. 1, 1958 | | 94. Date of birth
Feb. 1, 1958 | | 95. Date of birth
Feb. 1, 1958 | |
| 96. Date of birth
Feb. 1, 1958 | | 97. Date of birth
Feb. 1, 1958 | | 98. Date of birth
Feb. 1, 1958 | | 99. Date of birth
Feb. 1, 1958 | | 100. Date of birth
Feb. 1, 1958 | |

616-271035-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-112

| | | | | | | |
|--|---|-----------------------|---|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
CHARLES AMOS FAW | | | 2. Date (month) (day) (year)
Of Birth FEBRUARY 27 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
Nez Perce | | b. City or Town of Birth
Kendrick | |
| FATHER | 6. Full Name of Father
JACOB W. FAW | | | 7. State or Country of Father's Birth
NORTH CAROLINA | | |
| MOTHER | 8. Full Maiden Name of Mother
EFFIE ALICE WALKER | | | 9. State or Country of Mother's Birth
CALIFORNIA | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Charles Amos Faw</i> | | 11. Present Address of Registrant
<i>Winchester Washington</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 2 1961</i> | | | 12. Signature of Notary
<i>Wm. V. Nelson</i> | | 13. Notary Commission expires
<i>June 1 1962</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---------------------------------------|---|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
affidavit by mother | | By whom issued and signed
Effie Alice Faw | | Date issued
Mar. 10, 1960 | Date Orig. Entry
---- |
| | Date of Birth
Feb. 27, 1898 | Birth Place
Kendrick, Idaho | Full Name of Mother
Effie Alice Walker | | Name of Father
Jacob W. Faw | |
| SUPPORTING
RECORD 2- | Type of Document
Social Security Record | | By whom issued and signed
Treasury Department | | Date issued
Apr. 27, 1948 | Date Orig. Entry
Apr. 27, 1948 |
| | Date of Birth
Feb. 27, 1898 | Birth Place
Kendrick, Idaho | Full Name of Mother
Effie Alice Faw | | Name of Father
Jacob William Faw | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Washington #891 | | Date issued
June 3, 1960 | Date Orig. Entry
child born Nov. 18, 1922 |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Penny L. Wing</i> | Date Filed
Feb. 7, 1961 |

FEB 8 1961

DELAYED CERTIFICATE OF BIRTH

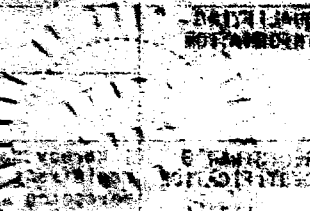
STATE OF ILLINOIS

FILE NO. 100-1-110

| | | | |
|--|--|--|--|
| 1. Name of child at birth
JAMES EARL RAY | | 2. Sex of child
Male | |
| 3. Date of birth
JANUARY 29 1928 | | 4. Place of birth
MOBILE, ALABAMA | |
| 5. Name of mother
JAMES EARL RAY | | 6. Name of father
JAMES EARL RAY | |
| 7. State of birth of mother
ALABAMA | | 8. State of birth of father
ALABAMA | |
| 9. Name of mother at birth
JAMES EARL RAY | | 10. Name of father at birth
JAMES EARL RAY | |
| 11. Name of mother at present
JAMES EARL RAY | | 12. Name of father at present
JAMES EARL RAY | |
| 13. Address of mother at present
JAMES EARL RAY | | 14. Address of father at present
JAMES EARL RAY | |
| 15. Address of child at present
JAMES EARL RAY | | 16. Address of child at birth
JAMES EARL RAY | |



| | | | |
|--|--|--|--|
| 17. Name of child at birth
JAMES EARL RAY | | 18. Sex of child
Male | |
| 19. Date of birth
JANUARY 29 1928 | | 20. Place of birth
MOBILE, ALABAMA | |
| 21. Name of mother
JAMES EARL RAY | | 22. Name of father
JAMES EARL RAY | |
| 23. State of birth of mother
ALABAMA | | 24. State of birth of father
ALABAMA | |
| 25. Name of mother at birth
JAMES EARL RAY | | 26. Name of father at birth
JAMES EARL RAY | |
| 27. Name of mother at present
JAMES EARL RAY | | 28. Name of father at present
JAMES EARL RAY | |
| 29. Address of mother at present
JAMES EARL RAY | | 30. Address of father at present
JAMES EARL RAY | |
| 31. Address of child at present
JAMES EARL RAY | | 32. Address of child at birth
JAMES EARL RAY | |



| | | | |
|--|--|--|--|
| 33. Name of child at birth
JAMES EARL RAY | | 34. Sex of child
Male | |
| 35. Date of birth
JANUARY 29 1928 | | 36. Place of birth
MOBILE, ALABAMA | |
| 37. Name of mother
JAMES EARL RAY | | 38. Name of father
JAMES EARL RAY | |
| 39. State of birth of mother
ALABAMA | | 40. State of birth of father
ALABAMA | |
| 41. Name of mother at birth
JAMES EARL RAY | | 42. Name of father at birth
JAMES EARL RAY | |
| 43. Name of mother at present
JAMES EARL RAY | | 44. Name of father at present
JAMES EARL RAY | |
| 45. Address of mother at present
JAMES EARL RAY | | 46. Address of father at present
JAMES EARL RAY | |
| 47. Address of child at present
JAMES EARL RAY | | 48. Address of child at birth
JAMES EARL RAY | |

FBI

853105-019-645

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 61-220

| | | | | | | |
|---|---|-----------------------|--|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Marcus Hellman | | | 2. Date (month) (day) (year)
Of Birth November 5, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Custer | | b. City or Town of Birth
Custer | |
| FATHER | 6. Full Name of Father
Adam Hellman | | | 7. State or Country of Father's Birth
Huntsville, Indiana | | |
| MOTHER | 8. Full Maiden Name of Mother
Mabel Luella Funkhouser | | | 9. State or Country of Mother's Birth
Carson City, Nevada | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Marcus Hellman</i> | | 11. Present Address of Registrant
<i>Salmon Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 27 1959</i> | | | 12. Signature of Notary
<i>Hazel L. Hurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28 1960</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------------|---|--|---|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
Insurance Policy | | By whom issued and signed
New York Life Insurance Co.
Salmon, Idaho | | Date issued
December 1, 1926 | Date Orig. Entry
December 1, 1926 |
| | Date of Birth
November 5, 1898 | Birth Place
Custer, Idaho | Full Name of Mother
----- | | Name of Father
Adam Hillman | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by Cousin age 75 | | By whom issued and signed
Ralph L. Baxter | | Date issued
March 3, 1961 | Date Orig. Entry
---- |
| | Date of Birth
November 5, 1898 | Birth Place
Custer, Idaho | Full Name of Mother
Mabel Luella Funkhouser | | Name of Father
Adam Hellman | |
| SUPPORTING RECORD 3- | Type of Document
Hospital record statement | | By whom issued and signed
Steele Memorial Hospital
Salmon, Idaho | | Date issued
February 27, 1961 | Date Orig. Entry
August 3, 1950 |
| | Date of Birth
November 5, 1898 | Birth Place
Lucky Boy Mine
Custer County
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING INFORMATION | | | | | | |

| | | | | | | |
|--|--|--|---|--|------------------------------------|--|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Elaine Coy | | Date Filed
March 9, 1961 | |

6-13-62

DETAINED
CENTRAL
JAIL

100-42371

| | | |
|--|--|--|
| <p>1. Name of person: Adam Helman</p> <p>2. Date of birth: November 2, 1928</p> <p>3. Place of birth: City of New York, New York</p> <p>4. Name of person: Adam Helman</p> <p>5. Date of birth: November 2, 1928</p> <p>6. Place of birth: City of New York, New York</p> <p>7. Name of person: Adam Helman</p> <p>8. Date of birth: November 2, 1928</p> <p>9. Place of birth: City of New York, New York</p> <p>10. Name of person: Adam Helman</p> <p>11. Date of birth: November 2, 1928</p> <p>12. Place of birth: City of New York, New York</p> | <p>1. Name of person: Adam Helman</p> <p>2. Date of birth: November 2, 1928</p> <p>3. Place of birth: City of New York, New York</p> <p>4. Name of person: Adam Helman</p> <p>5. Date of birth: November 2, 1928</p> <p>6. Place of birth: City of New York, New York</p> <p>7. Name of person: Adam Helman</p> <p>8. Date of birth: November 2, 1928</p> <p>9. Place of birth: City of New York, New York</p> <p>10. Name of person: Adam Helman</p> <p>11. Date of birth: November 2, 1928</p> <p>12. Place of birth: City of New York, New York</p> | <p>1. Name of person: Adam Helman</p> <p>2. Date of birth: November 2, 1928</p> <p>3. Place of birth: City of New York, New York</p> <p>4. Name of person: Adam Helman</p> <p>5. Date of birth: November 2, 1928</p> <p>6. Place of birth: City of New York, New York</p> <p>7. Name of person: Adam Helman</p> <p>8. Date of birth: November 2, 1928</p> <p>9. Place of birth: City of New York, New York</p> <p>10. Name of person: Adam Helman</p> <p>11. Date of birth: November 2, 1928</p> <p>12. Place of birth: City of New York, New York</p> |
|--|--|--|

456-127,006-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 61-253

| | | | | | | |
|--|---|-----------------------|-------------------------------------|---------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Jesse Conrad Dewey</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>August 27, 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Bingham</i> | 6. County
<i>Idaho</i> | b. City or Town of Birth
<i>Chapin, Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>George Alfred Dewey</i> | | | | 7. State or Country of Father's Birth
<i>Harrison Co., Missouri</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Annie Wilhelmina Peterson</i> | | | | 9. State or Country of Mother's Birth
<i>San Pete Co., Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Jesse C. Dewey</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 5, 1960</i> | | | | 11. Present Address of Registrant
<i>Box 75, Victor, Idaho</i> | |
| | 12. Signature of Notary
<i>Myrtle A. Ward</i> | | | | 13. Notary Commission expires
<i>January 27, 1964</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|---|--|---------------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
discharge from U. S Army
Photo copy of Honorable | | By whom issued and signed
Colonel J. Greer, Air Corps. | | Date Issued
April 9,
1943 | Date Orig. Entry
Inducted October
24, 1942 |
| | Date of Birth
Age 44 | Birth Place
Chapin, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by neighbor Age 85 | | By whom issued and signed
J. Fred Stone | | Date Issued
August 19,
1960 | Date Orig. Entry
----- |
| | Date of Birth
August 27,
1898 | Birth Place
Chapin, Idaho | Full Name of Mother
Annie Peterson Dewey | | Name of Father
George Alfred Dewey | |
| SUPPORTING
RECORD 3. | Type of Document
Census record | | By whom issued and signed
U. S. Dept. of Commerce | | Date Issued
March 9,
1961 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
August 1898 | Birth Place
Fremont county,
Idaho | Full Name of Mother
Anna Dewey | | Name of Father
George Dewey | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---------------------------------------|------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
ec Elaine coy | Date Filed
March 17, 1961 |

MAR 17 1961

[Faint, mostly illegible text and signatures across the top section of the document.]

| | | | |
|---|--|--|--|
| <p>George Alfred Dewey
August 14, 1960
1960</p> | <p>1. Fred Stone
Annie Peterson Dewey
Do. of Commerce
Anne Dewey</p> | <p>Affidavit by neighbor Age 35
August 17, 1960
George Alfred Dewey
1960</p> | <p>INVESTIGATION</p> |
| <p>March 17, 1961</p> | <p>Elaine Coy</p> | <p>W. B. Hanson</p> | <p>RECEIVED
FBI - NEW YORK
MAR 17 1961</p> |

847-112-040-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-261

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|------------------------------|--|--|---|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
DANIEL THOMAS HUGHES | | | | 2. Date (month) (day) (year)
Of Birth August 12 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Idaho | a. County
Shoshone | b. City or Town of Birth
Wardner | | |
| FATHER | 6. Full Name of Father
GRIFFITH G. HUGHES | | | | 7. State or Country of Father's Birth
WALES | | |
| MOTHER | 8. Full Maiden Name of Mother
JANE EDWARDS | | | | 9. State or Country of Mother's Birth
WALES | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Daniel Thomas Hughes</i> | | 11. Present Address of Registrant
930 SE 7th Street
Grants Pass, Oregon |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 16 19 61 | | | | 12. Signature of Notary
<i>M. Gladys Strunk</i> | | 13. Notary Commission expires
May 14 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|--|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Voter's Registration | | By whom issued and signed
Josephine County Oregon,
Ben W. Contant, clerk | | Date issued
Feb. 16, 1961 | Date Orig. Entry
Sept. 4, 1947 |
| | Date of Birth
Aug. 12, 1898 | Birth Place
Idaho | Full Name of Mother
Jane Hughes | | Name of Father
Griff G. Hughes | |
| SUPPORTING
RECORD 2. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Department | | Date issued
----- | Date Orig. Entry
Mar. 17, 1944 |
| | Date of Birth
Aug. 12, 1898 | Birth Place
Shoshone, County
Wardner, Idaho | Full Name of Mother
Jane Edwards | | Name of Father
Griffith G. Hughes | |
| SUPPORTING
RECORD 3. | Type of Document
affidavit by mother | | By whom issued and signed
Mrs. Jane Hughes | | Date issued
Mar. 9, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Aug. 12, 1898 | Birth Place
Wardner, Idaho | Full Name of Mother
Jane Hughes | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. Benson

Evidence reviewed by

Penny L. Wing

Date Filed

March 21, 1961

STATE DEPT OF JUSTICE
CHARGE TO STATE



12-10-1944

[illegible]

10-E-5

666-113-041-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61-301

| | | | | | | | |
|--|---|----------------|----------------------------|-----------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Lawrence Elba Wood</u> | | | | 2. Date (month) (day) (year)
Of Birth Feb. 13 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Teton | a. County | b. City or Town of Birth
Bates-Idaho | | |
| FATHER | 6. Full Name of Father
Samuel Leigh Wood | | | | 7. State or Country of Father's Birth
U.S.A./ | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ann Cockerill | | | | 9. State or Country of Mother's Birth
England-British Isles | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Lawrence Elba Wood</i> | | 11. Present Address of Registrant
Driggs, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 27 19 61 | | | | 12. Signature of Notary
<i>Paul Gordon</i> | | 13. Notary Commission expires
July 10 19 63 |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|--|--|-------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Baptism | | By whom issued and signed
MDS Church, Bates Ward,
Ernest G. Bates, clerk | | Date issued
Mar. 25, 1961 | Date Orig. Entry
baptized
Sept. 1, 1906 |
| | Date of Birth
Feb. 13, 1898 | Birth Place
Teton County
Bates, Idaho | Full Name of Mother
Mary Ann Cockerill | | Name of Father
Samuel Leigh Wood | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
Gem State Mutual Life Assn. | | Date issued
Sept. 15, 1947 | Date Orig. Entry
Sept. 10, 1947 |
| | Date of Birth
Feb. 13, 1898 | Birth Place
---- | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by relative | | By whom issued and signed
Lucy Wood Andrews age 84 | | Date issued
Mar. 31, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Feb. 13, 1898 | Birth Place
Bates | Full Name of Mother
Mary Ann Cockerill | | Name of Father
Samuel Leigh Wood | |

| | | | |
|--|--|--|-----------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
PW Penny L. Wing | Date Filed
April 4, 1961 |

141-218-030-392
DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-331
Local Reg. No. _____
Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|-----------------------------------|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Ruby Glenna Adams | | | | 2. Date (month) (day) (year)
Of Birth August 18 1898 | |
| | 3. Color or Race
White | 4. Sex
Fem. | 5. Place of Birth
Idaho | a. County
Lemhi | b. City or Town of Birth
Salmon | |
| FATHER | 6. Full Name of Father
John Henry Adams | | | | 7. State or Country of Father's Birth
La Morganshire, Wales | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ann Lish | | | | 9. State or Country of Mother's Birth
Magnolia, Iowa | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Ruby G. Higson</i> | | 11. Present Address of Registrant
Salmon, Idaho Box 392 |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct. 23 1956</i> | | | 12. Signature of Notary
<i>Edgar W. Smith</i> | | 13. Notary Commission expires
<i>12-12 1959</i> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|---------------------------|---------------|---------------------------|--|------------------|------------------|
| SUPPORTING RECORD 1. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Child's birth certificate | | Boise, Idaho | | Sep. 29, 50 | Nov. 17, 1915 |
| Class* <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Age 17 | Idaho | | | | |
| SUPPORTING RECORD 2. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Affidavit by attendant | | Vena Adams Crippen | | May 18, 1956 | |
| Class <u>B</u> | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | August 18, 1898 | Salmon, Idaho | Mary Ann Lish | | John Henry Adams | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Census Record | | Bureau of The Census | | Apr. 4, 1961 | Apr. 1, 1940 |
| Class _____ | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | age 41 | Idaho | ---- | | ---- | |

| | | | |
|-------------------------------------|--|---|------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
VW
Penny L. Wing | Date Filed
April 14, 1961 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 14 1961

[illegible]

248-213-001-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. de 61-372

| | | | | | | | |
|--|---|-------------------------|--|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Francis Lula Suhlsein</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Feb.</i> <i>13</i> <i>1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Boise, Ada</i> | | a. County
<i>Boise</i> | | |
| FATHER | 6. Full Name of Father
<i>Louie Matthew Suhlsein</i> | | | | 7. State or Country of Father's Birth
<i>Idaho</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Eunice Elmira Crockett</i> | | | | 9. State or Country of Mother's Birth
<i>Kansas</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Francis Lula Suhlsein</i> | | 11. Present Address of Registrant
<i>1110 So Phillippe</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 28 1961</i> | | | | 12. Signature of Notary
<i>Frank Martin</i> | | 13. Notary Commission expires
<i>March 6 1963</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-----------------------------|---|--|--|----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by uncle | | By whom issued and signed
Charlie Crockett | | Date issued
April 27, 1961 | Date Orig. Entry
----- |
| | Date of Birth
February 13, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
Eunice Elmira Crockett | | Name of Father
Louie Matthew Suhlsein | |
| SUPPORTING
RECORD 2. | Type of Document
Application for membership | | By whom issued and signed
Daughters of the American Revolution | | Date issued
August 19, 1952 | Date Orig. Entry
June 9, 1952 |
| | Date of Birth
February 13, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
Eunice Crockett | | Name of Father
Louie Matthew Suhlsein | |
| SUPPORTING
RECORD 3. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file in Idaho file #50307 | | Date issued
----- | Date Orig. Entry
June 4, 1917 |
| | Date of Birth
Age 19 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

| | | | |
|--|--|------------------------------------|------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Elaine Coy | Date Filed
April 28, 1961 |

[illegible]

RECEIVED
APR 1 1964

194502-029-194

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 471

| | | | | | | |
|--|---|--------------------|--|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
FLOYD WAYNE ARMSTRONG | | | | 2. Date (month) (day) (year)
Of Birth NOV. 2 1898 | |
| | 3. Color or Race
W | 4. Sex
M | 5. Place of Birth a. County
JULIAETTA IDA. LATAH | | b. City or Town of Birth | |
| FATHER | 6. Full Name of Father
SIDNEY ARMSTRONG | | | | 7. State or Country of Father's Birth
COLUMBIA WASH. | |
| MOTHER | 8. Full Maiden Name of Mother
CORAETTA VANNICE ARMSTRONG | | | | 9. State or Country of Mother's Birth
COLUMBIA WASH. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Floyd Wayne Armstrong</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on January 14 1961 | | | | 11. Present Address of Registrant
TOMEROY RT. 1 WASH. | |
| | 12. Signature of Notary
<i>Keith O'Neil</i> | | | | 13. Notary Commission expires
July 14 1961 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|--|---|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
Insurance Policy | | By whom issued and signed
United Insurance Company | | Date issued
Nov. 16, 1953 |
| | Date of Birth
Nov. 2, 1898 | Birth Place
Idaho | Full Name of Mother
---- | | Date Orig. Entry
Nov. 3, 1953 |
| SUPPORTING RECORD 2. | Type of Document
Marriage License affidavit | | By whom issued and signed
Columbia County, Washington | | Date issued
May 23, 1961 |
| | Date of Birth
age 21 | Birth Place
----- | Full Name of Mother
----- | | Date Orig. Entry
Nov. 26, 1919 |
| SUPPORTING RECORD 3. | Type of Document
affidavit by friend of family | | By whom issued and signed
Mona Low Boldman bor 1876 | | Date issued
Jan. 11, 1958 |
| | Date of Birth
Nov. 2, 1898 | Birth Place
Latah County
Juliaetta, Idaho | Full Name of Mother
Cora Etta Vannice Armstrong | | Date Orig. Entry
----- |

| | | | |
|-------------------------------------|--|--|-----------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
May 31, 1961 |

MAY 31 1961

DECEASED CERTIFICATE OF DEATH
STATE OF IDAHO

174-1000-1000-1000

| | | | |
|---|--|---|--|
| 1. Name of deceased (Print or type full name)
JOHN W. SMITH | | 2. Date of death
May 2, 1961 | |
| 3. Place of death (City, town or village)
Boise, Idaho | | 4. Cause of death (List all causes, beginning with the immediate cause)
Heart disease | |
| 5. Date of birth
May 1, 1900 | | 6. Sex
Male | |
| 7. Place of birth (City, town or village)
Boise, Idaho | | 8. Occupation
None | |
| 9. Name of County of Mother's Birth
Boise | | 10. Name of County of Father's Birth
Boise | |
| 11. Name of Registrar
John W. Smith | | 12. Name of Registrar
John W. Smith | |
| 13. Name of Registrar
John W. Smith | | 14. Name of Registrar
John W. Smith | |
| 15. Name of Registrar
John W. Smith | | 16. Name of Registrar
John W. Smith | |
| 17. Name of Registrar
John W. Smith | | 18. Name of Registrar
John W. Smith | |
| 19. Name of Registrar
John W. Smith | | 20. Name of Registrar
John W. Smith | |
| 21. Name of Registrar
John W. Smith | | 22. Name of Registrar
John W. Smith | |
| 23. Name of Registrar
John W. Smith | | 24. Name of Registrar
John W. Smith | |
| 25. Name of Registrar
John W. Smith | | 26. Name of Registrar
John W. Smith | |
| 27. Name of Registrar
John W. Smith | | 28. Name of Registrar
John W. Smith | |
| 29. Name of Registrar
John W. Smith | | 30. Name of Registrar
John W. Smith | |
| 31. Name of Registrar
John W. Smith | | 32. Name of Registrar
John W. Smith | |
| 33. Name of Registrar
John W. Smith | | 34. Name of Registrar
John W. Smith | |
| 35. Name of Registrar
John W. Smith | | 36. Name of Registrar
John W. Smith | |
| 37. Name of Registrar
John W. Smith | | 38. Name of Registrar
John W. Smith | |
| 39. Name of Registrar
John W. Smith | | 40. Name of Registrar
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| 41. Name of Registrar
John W. Smith | | 42. Name of Registrar
John W. Smith | |
| 43. Name of Registrar
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| 45. Name of Registrar
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| 47. Name of Registrar
John W. Smith | | 48. Name of Registrar
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| 49. Name of Registrar
John W. Smith | | 50. Name of Registrar
John W. Smith | |
| 51. Name of Registrar
John W. Smith | | 52. Name of Registrar
John W. Smith | |
| 53. Name of Registrar
John W. Smith | | 54. Name of Registrar
John W. Smith | |
| 55. Name of Registrar
John W. Smith | | 56. Name of Registrar
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| 57. Name of Registrar
John W. Smith | | 58. Name of Registrar
John W. Smith | |
| 59. Name of Registrar
John W. Smith | | 60. Name of Registrar
John W. Smith | |
| 61. Name of Registrar
John W. Smith | | 62. Name of Registrar
John W. Smith | |
| 63. Name of Registrar
John W. Smith | | 64. Name of Registrar
John W. Smith | |
| 65. Name of Registrar
John W. Smith | | 66. Name of Registrar
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| 67. Name of Registrar
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| 69. Name of Registrar
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| 71. Name of Registrar
John W. Smith | | 72. Name of Registrar
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| 73. Name of Registrar
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| 75. Name of Registrar
John W. Smith | | 76. Name of Registrar
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| 77. Name of Registrar
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John W. Smith | |
| 79. Name of Registrar
John W. Smith | | 80. Name of Registrar
John W. Smith | |
| 81. Name of Registrar
John W. Smith | | 82. Name of Registrar
John W. Smith | |
| 83. Name of Registrar
John W. Smith | | 84. Name of Registrar
John W. Smith | |
| 85. Name of Registrar
John W. Smith | | 86. Name of Registrar
John W. Smith | |
| 87. Name of Registrar
John W. Smith | | 88. Name of Registrar
John W. Smith | |
| 89. Name of Registrar
John W. Smith | | 90. Name of Registrar
John W. Smith | |
| 91. Name of Registrar
John W. Smith | | 92. Name of Registrar
John W. Smith | |
| 93. Name of Registrar
John W. Smith | | 94. Name of Registrar
John W. Smith | |
| 95. Name of Registrar
John W. Smith | | 96. Name of Registrar
John W. Smith | |
| 97. Name of Registrar
John W. Smith | | 98. Name of Registrar
John W. Smith | |
| 99. Name of Registrar
John W. Smith | | 100. Name of Registrar
John W. Smith | |

613-211-036-S15-

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-481

| | | | | | | | |
|--|---|-------------------------|--|---------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ethel Walker</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Dec 11 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Riverdale, Ida</i> | a. County
<i>Idaho</i> | b. City or Town of Birth
<i>Riverdale Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas Edward Walker</i> | | | | 7. State or Country of Father's Birth
<i>Brigham City Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Alice Rebecca Van Noy</i> | | | | 9. State or Country of Mother's Birth
<i>Utah.</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ethel Walker</i> | | 11. Present Address of Registrant
<i>25026 Pine Hill Hwy So</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>8th day April 1961</i> | | | | 12. Signature of Notary
<i>Wm R. Parker</i> | | 13. Notary Commission expires
<i>Dec. 19, 1964</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>Notice of Removal</i> | | By whom issued and signed
<i>IDS Church, Riverdale Ward,
David S. Evans, Bishop</i> | | Date issued
<i>Dec. 12, 1911</i> | Date Orig. Entry
<i>baptized
July 6, 1906</i> |
| | Date of Birth
<i>Dec. 11, 1898</i> | Birth Place
<i>Riverdale, Idaho</i> | Full Name of Mother
<i>Alice R. Van Noy</i> | | Name of Father
<i>Thomas E. Walker</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Certificate of Membership</i> | | By whom issued and signed
<i>IDS Church, Hazelton Ward,
John R. Ellingford, ward clerk</i> | | Date issued
<i>Jan. 10, 1929</i> | Date Orig. Entry
<i>confirmed
Aug. 5, 1906</i> |
| | Date of Birth
<i>Dec. 11, 1898</i> | Birth Place
<i>Riverdale, Idaho</i> | Full Name of Mother
<i>Alice Rebecca Van Noy</i> | | Name of Father
<i>Thomas Edward Walker</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>affidavit by sister</i> | | By whom issued and signed
<i>Mabel Rebecca W. Packer age 75</i> | | Date issued
<i>May 5, 1961</i> | Date Orig. Entry
<i>----</i> |
| | Date of Birth
<i>Dec. 11, 1898</i> | Birth Place
<i>Riverdale, Idaho</i> | Full Name of Mother
<i>Alice Rebecca VanNoy</i> | | Name of Father
<i>Thomas Edward Walker</i> | |

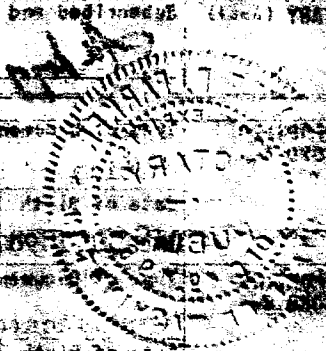
QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>pw Penny L. Wing</i> | Date Filed
<i>May 1, 1961</i> |

STATE OF TEXAS DEPARTMENT OF HEALTH

JUN 2 1961

| | | | |
|---|--|--|--|
| <p>1. Name of child: ALICE REBECCA TAMBOY</p> | | <p>2. Date of birth: May 2, 1961</p> | |
| <p>3. Sex: Female</p> | | <p>4. Race: White</p> | |
| <p>5. State of birth: Texas</p> | | <p>6. County of birth: Rockwall</p> | |
| <p>7. Name of mother: ALICE REBECCA TAMBOY</p> | | <p>8. Date of mother's birth: May 2, 1938</p> | |
| <p>9. Name of father: THOMAS STEWARD TAMBOY</p> | | <p>10. Date of father's birth: May 2, 1938</p> | |
| <p>11. Present address of registrant: 11111 Highway 1, Rockwall, Texas</p> | | <p>12. Signature of registrant: <i>[Signature]</i></p> | |
| <p>13. Address of mother: 11111 Highway 1, Rockwall, Texas</p> | | <p>14. Signature of mother: <i>[Signature]</i></p> | |
| <p>15. Address of father: 11111 Highway 1, Rockwall, Texas</p> | | <p>16. Signature of father: <i>[Signature]</i></p> | |
| <p>17. Date issued: May 2, 1961</p> | | <p>18. Date of birth: May 2, 1961</p> | |
| <p>19. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>20. Date of birth: May 2, 1938</p> | |
| <p>21. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>22. Date of birth: May 2, 1938</p> | |
| <p>23. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>24. Date of birth: May 2, 1938</p> | |
| <p>25. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>26. Date of birth: May 2, 1938</p> | |
| <p>27. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>28. Date of birth: May 2, 1938</p> | |
| <p>29. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>30. Date of birth: May 2, 1938</p> | |
| <p>31. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>32. Date of birth: May 2, 1938</p> | |
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| <p>75. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>76. Date of birth: May 2, 1938</p> | |
| <p>77. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>78. Date of birth: May 2, 1938</p> | |
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| <p>83. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>84. Date of birth: May 2, 1938</p> | |
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| <p>97. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>98. Date of birth: May 2, 1938</p> | |
| <p>99. Name of registrar: THOMAS STEWARD TAMBOY</p> | | <p>100. Date of birth: May 2, 1938</p> | |



RECEIVED
JUN 2 1961

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JUN 2 1961

666-208-028-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 487

| | | | | | | | |
|--|---|-------------------------|--|------------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Ray C. Woolery (C. for Cleland)</i> | | | | 2. Date of Birth (month) (day) (year)
<i>April 8 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Rathdrum - Kootenai</i> | a. County
<i>Rathdrum</i> | b. City or Town of Birth
<i>Rathdrum</i> | | |
| FATHER | 6. Full Name of Father
<i>John S. Woolery (S. for Sills)</i> | | | | 7. State or Country of Father's Birth
<i>Minnesota</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Katherine Eugene Cleland</i> | | | | 9. State or Country of Mother's Birth
<i>Minnesota</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ray C. Johnson</i> | | 11. Present Address of Registrant
<i>Trm
Box 250 - Rt. 1 - Lake Stevens</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>FEB 3 1961</i> 19 | | 12. Signature of Notary
<i>H. S. V. [Signature]</i> | | 13. Notary Commission expires
<i>7-25-1962</i> | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---|---|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<i>Permanent Record of Teacher</i> | | By whom issued and signed
<i>Wash. State Teachers' Retirement System</i> | | Date issued
<i>----</i> | Date Orig. Entry
<i>June 1943</i> |
| | Date of Birth
<i>Apr. 8, 1898</i> | Birth Place
<i>Kootenai County Rathdrum, Idaho</i> | Full Name of Mother
<i>Kate E. Woolery</i> | | Name of Father
<i>----</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>Insurance Policy</i> | | By whom issued and signed
<i>The Travelers Insurance Co.</i> | | Date issued
<i>Apr. 11, 1941</i> | Date Orig. Entry
<i>Apr. 11, 1941</i> |
| | Date of Birth
<i>Apr. 8, 1898</i> | Birth Place
<i>----</i> | Full Name of Mother
<i>----</i> | | Name of Father
<i>----</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>affidavit by friend of family</i> | | By whom issued and signed
<i>Alexander H. Walter age 76</i> | | Date issued
<i>May 26, 1961</i> | Date Orig. Entry
<i>----</i> |
| | Date of Birth
<i>Apr. 8, 1898</i> | Birth Place
<i>Rathdrum, Idaho</i> | Full Name of Mother
<i>Katherine Eugene Cleland</i> | | Name of Father
<i>John Sills, Woolery</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

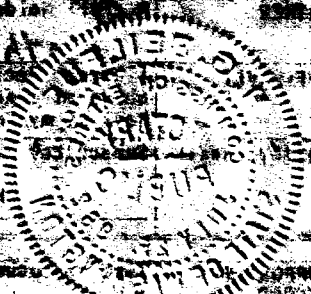
| | | |
|--|-----------------------------------|---|
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
<i>pw</i> | Date Filed
<i>Penny L. Wing June 2, 1961</i> |
|--|-----------------------------------|---|

JUN 2 1961

STATE OF OHIO
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

STATE OF OHIO
DEPARTMENT OF HEALTH
BIRTH CERTIFICATE

| | | | |
|---|--|---|--|
| 1. Name of child at birth
<i>John William Smith</i> | | 2. Sex
<i>Male</i> | |
| 3. Date of birth
<i>May 15, 1961</i> | | 4. Time of birth
<i>10:30 AM</i> | |
| 5. Place of birth
<i>St. Mary's Hospital, Cincinnati, Ohio</i> | | 6. Name of mother
<i>John William Smith</i> | |
| 7. Name of father
<i>John William Smith</i> | | 8. Address of mother at birth
<i>1234 Main St., Cincinnati, Ohio</i> | |
| 9. Address of father at birth
<i>1234 Main St., Cincinnati, Ohio</i> | | 10. Name of physician
<i>Dr. John Smith</i> | |
| 11. Name of hospital or institution
<i>St. Mary's Hospital</i> | | 12. Name of attending physician
<i>Dr. John Smith</i> | |
| 13. Name of mother at birth
<i>John William Smith</i> | | 14. Name of father at birth
<i>John William Smith</i> | |
| 15. Name of mother at birth
<i>John William Smith</i> | | 16. Name of father at birth
<i>John William Smith</i> | |
| 17. Name of mother at birth
<i>John William Smith</i> | | 18. Name of father at birth
<i>John William Smith</i> | |
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| 75. Name of mother at birth
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<i>John William Smith</i> | | 90. Name of father at birth
<i>John William Smith</i> | |
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| 93. Name of mother at birth
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| 95. Name of mother at birth
<i>John William Smith</i> | | 96. Name of father at birth
<i>John William Smith</i> | |
| 97. Name of mother at birth
<i>John William Smith</i> | | 98. Name of father at birth
<i>John William Smith</i> | |
| 99. Name of mother at birth
<i>John William Smith</i> | | 100. Name of father at birth
<i>John William Smith</i> | |



296-216-006-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 498

| | | | | | | |
|---|---|------------------|---|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Carrie Pananda (Nelson) Brown | | | 2. Date (month) (day) (year)
Of February 16, 1898
Birth February 16, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Bingham (now Bonneville) | b. City or Town of Birth
Shelton, Idaho | | |
| FATHER | 6. Full Name of Father
Joseph oscar Nelson | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Hannah Downs | | | 9. State or Country of Mother's Birth
England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Carrie F. Brown | | 11. Present Address of Registrant
1457 Mound ave,
Idaho Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 22 1961 | | | 12. Signature of Notary
Lloyd L. Brown | | 13. Notary Commission expires
March 22 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|--|--|--|------------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
affidavit by son of nurse at birth | | By whom issued and signed
Albert C. Howard age 75 | | Date issued
May 22, 1961 | Date Orig. Entry
Feb. 16, 1898 |
| | Date of Birth
Feb. 16, 1898 | Birth Place
Bingham County
Shelton Ward, Ida | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
Union Membership Statement | | By whom issued and signed
United Brotherhood of Carpenters and Joiners, of America | | Date issued
Apr. 14, 1950 | Date Orig. Entry
Apr. 14, 1950 |
| | Date of Birth
Feb. 16, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
statement regarding church records | | By whom issued and signed
LDS Church, Idaho Falls 7th Ward, Henry C. Danner, Ward clerk | | Date issued
June 3, 1961 | Date Orig. Entry
baptized Oct. 2, 1906 |
| | Date of Birth
Feb. 16, 1898 | Birth Place
Bonneville County
Shelton, Idaho | Full Name of Mother
Hannah Downs | | Name of Father
Joseph O. Nelson | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---------------------------------------|----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Penny L. Wing | Date Filed
June 7, 1961 |

JUN 13 1961

[illegible][illegible]

103-129-037-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 499

| | | | | | | |
|--|---|--------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Eldon Francis Jolly | | | | 2. Date (month) (day) (year)
Of Birth August 29, 1898 | |
| | 3. Color or Race
White | 4. Sex | 5. Place of Birth a. County
Deleamar Owyhee | | b. City or Town of Birth
Deleamar | |
| FATHER | 6. Full Name of Father
Frank Jolly | | | | 7. State or Country of Father's Birth
Colorado | |
| MOTHER | 8. Full Maiden Name of Mother
Ella Bowden | | | | 9. State or Country of Mother's Birth
Nevada | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Eldon Francis Jolly</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>May 24, 1961</i> | | | | 11. Present Address of Registrant
1950 Princeton Ave
Butte Mont. | |
| | 12. Signature of Notary
<i>Frank V. Hays</i> | | | | 13. Notary Commission expires
7-15-1961 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|--------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Marriage Record | | By whom issued and signed
Deer Lodge County, Montana
Frank B. McGrath, clerk | | Date issued
May 31, 1961 | Date Orig. Entry
Sept. 4, 1945 |
| | Date of Birth
age 47 | Birth Place
Butte County
Delmar, Idaho | Full Name of Mother
Ella Bowden | | Name of Father
Frank Jolly | |
| SUPPORTING
RECORD 2- | Type of Document
statement regarding school records | | By whom issued and signed
The Board of Education, School district #1, Margaret A. Seary | | Date issued
----- | Date Orig. Entry
Sept. 15, 1914 |
| | Date of Birth
Aug. 29, 1898 | Birth Place
----- | Full Name of Mother
Ella Jolly | | Name of Father
Frank Jolly | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit for voting | | By whom issued and signed
Silver Bow County, Montana
William T. Buckham, recorder | | Date issued
May 24, 1961 | Date Orig. Entry
Jan. 7, 1938 |
| | Date of Birth
age 39 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. Benson

Evidence reviewed by

Penny L. Wing

Date Filed

June 8, 1961

JUN 3 1961

1990

1944-1945

1940

1994年12月10日

10-10-68

1-12-1947 TO 1-12-1948

1970年 6月 28日

10-1-1977 10:51 AM 10-1-1977 10:51 AM

SECRET

1994

[illegible]

100-443887-100

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

19

1964-1965

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SECRET

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10-10-1964

Journal of Management Education

100-443887-100

1964-1965

100-443887-100

SECRET

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| | | | | | | |
|--|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth <i>(Yickholm)</i>
<i>Karl Alvin William Hoff</i> | | | | 2. Date of Birth (month) (day) (year)
<i>January - 16 - 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth a. County
<i>Idaho Falls - Bonneville</i> | | b. City or Town of Birth
<i>Idaho Falls Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Peter Hoff</i> | | | | 7. State or Country of Father's Birth
<i>Norway</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Anna Sofia Sandgren</i> | | | | 9. State or Country of Mother's Birth
<i>Iowa</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Karl Alvin William Hoff</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>13 JUNE 1961</i> | | | | 11. Present Address of Registrant
<i>827 - 6th N.W. Seattle Wash.</i> | |
| | 12. Signature of Notary
<i>Jane M. Jensen</i> | | | | 13. Notary Commission expires
<i>21 DECEMBER 1964</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Baptismal Record | | By whom issued and signed
The Norwegian Lutheran Church
Eivind Skaba, Pastor | | Date issued
----- |
| | Date of Birth
<i>Jan. 16, 1898</i> | Birth Place
----- | Full Name of Mother
<i>Anna Sofia Hoff</i> | | Date Orig. Entry
baptized
Mar. 10, 1898 |
| Class* | | | | | Name of Father
<i>Peter Hoff</i> |
| SUPPORTING RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #108483 | | Date issued
Feb. 27, 1951 |
| | Date of Birth
<i>age 24</i> | Birth Place
<i>Idaho Falls</i> | Full Name of Mother
----- | | Date Orig. Entry
child born
Apr 25, 1922 |
| Class | | | | | Name of Father
----- |
| SUPPORTING RECORD 3. | Type of Document
Social Security Record | | By whom issued and signed
Treasury Department | | Date issued
----- |
| | Date of Birth
<i>Jan. 16, 1898</i> | Birth Place
<i>Bonneville County
Idaho Falls, Idaho</i> | Full Name of Mother
<i>Anna Sandgren</i> | | Date Orig. Entry
<i>Jan. 9, 1941</i> |
| Class | | | | | Name of Father
<i>Peter Hoff</i> |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Penny L. Wing</i> | | Date Filed
<i>June 20, 1961</i> |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

DECLARATION OF BIRTH

STATE OF ILLINOIS

NOV 6 1960

| | | | | | | | | | |
|------------------|-----------------|------------------|-------------------|-----------------------------|--------------------------------------|---------------------------------|---------------------------|------------------------|-------------------------|
| 1. Name of child | 2. Sex of child | 3. Date of birth | 4. Place of birth | 5. State or County of birth | 6. State or County of mother's birth | 7. Present address of Registrar | 8. Signature of Registrar | 9. Signature of Father | 10. Signature of Mother |
| | | | | | | | | | |

| | | | | | | | | | |
|-------------------|------------------|-------------------|--------------------|------------------------------|---------------------------------------|----------------------------------|----------------------------|-------------------------|-------------------------|
| 11. Name of child | 12. Sex of child | 13. Date of birth | 14. Place of birth | 15. State or County of birth | 16. State or County of mother's birth | 17. Present address of Registrar | 18. Signature of Registrar | 19. Signature of Father | 20. Signature of Mother |
| | | | | | | | | | |

| | | | | | | | | | |
|-------------------|------------------|-------------------|--------------------|------------------------------|---------------------------------------|----------------------------------|----------------------------|-------------------------|-------------------------|
| 21. Name of child | 22. Sex of child | 23. Date of birth | 24. Place of birth | 25. State or County of birth | 26. State or County of mother's birth | 27. Present address of Registrar | 28. Signature of Registrar | 29. Signature of Father | 30. Signature of Mother |
| | | | | | | | | | |

DECLARATION OF BIRTH

| | | | | | | |
|--|---|-----------------------|---------------------------------------|---------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Charles Earl Wallace | | | | 2. Date (month) (day) (year)
Of Birth May 10 1898 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
near Troy | a. County
Latah | b. City or Town of Birth
Troy | |
| FATHER | 6. Full Name of Father
Fulton Henry Wallace | | | | 7. State or Country of Father's Birth
Kentucky | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Elizabeth Parks | | | | 9. State or Country of Mother's Birth
West Virginia | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Charles E. Wallace</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 25, 1961 | | | | 11. Present Address of Registrant
St. 1, Valley, Wash. | |
| | 12. Signature of Notary
<i>Phillip P. Lark</i> | | | | 13. Notary Commission expires
Feb. 17, 1963 | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
|--|---|--|--|--|---|
| SUPPORTING RECORD 1. | Type of Document
statement regarding hospital records | | By whom issued and signed
St. Joseph's Hospital, Chewelah Washington, Sister M. Esther | | Date issued
June 21, 1961 |
| | Date of Birth
May 10, 1898 | Birth Place
Troy, Idaho | Full Name of Mother
----- | | Date Orig. Entry admitted
Dec. 18, 1955 |
| SUPPORTING RECORD 2. | Type of Document
affidavit by friend of family | | By whom issued and signed
Mrs. Alice Bellomy age 80 | | Date issued
June 13, 1961 |
| | Date of Birth
May 10, 1898 | Birth Place
Latah County Troy, Idaho | Full Name of Mother
Sarah Elizabeth Parks | | Date Orig. Entry
----- |
| SUPPORTING RECORD 3. | Type of Document
statement regarding employment records | | By whom issued and signed
Northwest Magnestie Co., Wash. L. A. Knight | | Date issued
June 21, 1961 |
| | Date of Birth
May 10, 1898 | Birth Place
Troy, Idaho | Full Name of Mother
----- | | Date Orig. Entry
Aug. 1, 1940 |

| | | | |
|-------------------------------------|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by:
Penny L. Wing | Date Filed
June 27, 1961 |

DELAWARE STATE DEPARTMENT OF PUBLIC SAFETY

1961 JUL 27

Division of Motor Vehicles
Harrisburg, Pa.

| | | | |
|---|--|-------------------------------------|--|
| Name of Driver
Charles Earl Wallace | | Date of Birth
1928 May 10 | |
| Address
1015 E. 1st St.
Troy, Mich. 48060 | | Occupation
Truck Driver | |
| State of Residence
Michigan | | State of License
Michigan | |
| Date of License
1958 | | Expiration Date
1962 | |
| Type of License
Class A | | Endorsements
None | |
| Reason for Issuance
Renewal | | Remarks
None | |



[Handwritten signature]

Class A License - This license entitles the holder to operate all classes of motor vehicles except those specifically listed in the Delaware Motor Vehicle Code. The holder of this license is required to maintain a minimum of 16 hours of driving instruction and 16 hours of classroom instruction. The holder of this license is also required to pass a written and practical examination. The holder of this license is also required to maintain a minimum of 16 hours of driving instruction and 16 hours of classroom instruction. The holder of this license is also required to pass a written and practical examination.

413-118-031-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 547

| | | | | | | |
|---|--|-----------------------|--|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Laramore Craig Mattoon | | | 2. Date (month) (day) (year)
Of Birth November 18 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Nezperce, Ida. | a. County
Lewis | b. City or Town of Birth
Nezperce, Idaho | |
| FATHER | 6. Full Name of Father
James Alva Mattoon | | | | 7. State or Country of Father's Birth
Oregon | |
| MOTHER | 8. Full Maiden Name of Mother
Harriet Matthews | | | | 9. State or Country of Mother's Birth
Washington | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Laramore Craig Mattoon</i> | | 11. Present Address of Registrant
Uniontown, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Jan. 11 1960</i> | | | 12. Signature of Notary
<i>Reynold L. Goedde</i> | | 13. Notary Commission expires
<i>July 22 1960</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
own child's birth certificate | | | By whom issued and signed
Idaho #109923 | | Date issued
July 2, 1942 |
| | Date of Birth
age 24 | | | Full Name of Mother
----- | | Date Orig. Entry
child born Feb. 2, 1923 |
| SUPPORTING RECORD 2. | Type of Document
social security record | | | By whom issued and signed
Treasury Department | | Date issued
----- |
| | Date of Birth
Nov. 18, 1898 | | | Full Name of Mother
Harriet Matthews | | Date Orig. Entry
Jan 4, 1952 |
| SUPPORTING RECORD 3. | Type of Document
affidavit by brother | | | By whom issued and signed
age 17 at time of birth Loyal V. Mattoon | | Date issued
Nov. 29, 1958 |
| | Date of Birth
Nov. 18, 1898 | | | Full Name of Mother
Harriet Mathew Mattoon | | Date Orig. Entry
----- |
| QUALIFYING INFORMATION | | | | | | |
| | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
<i>W. W. Benson</i> | | | | Evidence reviewed by

Penny L. Wing | |
| | | | | | Date Filed
June 29, 1961 | |

OFFICIAL CERTIFICATE OF AWARD
OF THE

| | | | |
|---|---|---|---|
| <p>1. Name of Person</p> <p>2. Date of Birth</p> <p>3. Place of Birth</p> <p>4. Sex</p> <p>5. Race</p> <p>6. Height</p> <p>7. Weight</p> <p>8. Eyes</p> <p>9. Hair</p> <p>10. Complexion</p> <p>11. Occupation</p> <p>12. Education</p> <p>13. Social Security Number</p> <p>14. Date of Issue</p> <p>15. Date of Expiration</p> <p>16. Issued at</p> <p>17. Signature</p> <p>18. Stamp</p> | <p>1. Name of Person</p> <p>2. Date of Birth</p> <p>3. Place of Birth</p> <p>4. Sex</p> <p>5. Race</p> <p>6. Height</p> <p>7. Weight</p> <p>8. Eyes</p> <p>9. Hair</p> <p>10. Complexion</p> <p>11. Occupation</p> <p>12. Education</p> <p>13. Social Security Number</p> <p>14. Date of Issue</p> <p>15. Date of Expiration</p> <p>16. Issued at</p> <p>17. Signature</p> <p>18. Stamp</p> | <p>1. Name of Person</p> <p>2. Date of Birth</p> <p>3. Place of Birth</p> <p>4. Sex</p> <p>5. Race</p> <p>6. Height</p> <p>7. Weight</p> <p>8. Eyes</p> <p>9. Hair</p> <p>10. Complexion</p> <p>11. Occupation</p> <p>12. Education</p> <p>13. Social Security Number</p> <p>14. Date of Issue</p> <p>15. Date of Expiration</p> <p>16. Issued at</p> <p>17. Signature</p> <p>18. Stamp</p> | <p>1. Name of Person</p> <p>2. Date of Birth</p> <p>3. Place of Birth</p> <p>4. Sex</p> <p>5. Race</p> <p>6. Height</p> <p>7. Weight</p> <p>8. Eyes</p> <p>9. Hair</p> <p>10. Complexion</p> <p>11. Occupation</p> <p>12. Education</p> <p>13. Social Security Number</p> <p>14. Date of Issue</p> <p>15. Date of Expiration</p> <p>16. Issued at</p> <p>17. Signature</p> <p>18. Stamp</p> |
|---|---|---|---|

312-215-026-691

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 563

| | | | | | | | |
|--|--|---|---|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Florence Casper | | | | 2. Date (month) (day) (year)
Birth May 15 1898 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
Jefferson | | b. City or Town of Birth
Lewisville | | |
| FATHER | 6. Full Name of Father
George E. Casper | | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Eliza L. Wray | | | | 9. State or Country of Mother's Birth
England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Florence Casper Haymore</i> | | 11. Present Address of Registrant
<i>1933 Lincoln St.
Oceanside Calif.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 30 1961</i> | | | | 12. Signature of Notary
<i>Bette Mumford</i> | | 13. Notary Commission expires
<i>March 10 1965</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Membership record in LDS church | | By whom issued and signed
Ella D. Jack, Custodian of church records | | Date issued
Jan. 4, 1960 | Date Orig. Entry
July 1, 1906 | |
| | Date of Birth
May 15, 1898 | Birth Place
Lewisville, Idaho | Full Name of Mother
Elizabeth L. Wray | | Name of Father
George E. Casper | | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by sister (age 74) | | By whom issued and signed
Nellie Casper Haymore | | Date issued
Jan. 5, 1960 | Date Orig. Entry
Jan. 5, 1960 | |
| | Date of Birth
May 15, 1898 | Birth Place
Lewisville, Idaho | Full Name of Mother
-- | | Name of Father
-- | | |
| SUPPORTING
RECORD 3. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Vital Statistics #70245 | | Date issued
-- | Date Orig. Entry
child born May 16, 1919 | |
| | Date of Birth
age 21 | Birth Place
Idaho | Full Name of Mother
-- | | Name of Father
-- | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Evidence reviewed by
la Penny L. Wing | | Date Filed
July 6, 1961 |
| State Registrar
<i>W. Benson</i> | | | | | | | |

DELAWARE STATE OF ILLINOIS DELAYED CERTIFICATE OF BIRTH

| | | | |
|--|--|--|--|
| NAME
JAMES E. COOPER | | DATE OF BIRTH
JUL 15 1900 | |
| PLACE OF BIRTH
NEWVILLE, ILLINOIS | | CITY OF BIRTH
NEWVILLE | |
| STATE OF BIRTH
ILLINOIS | | COUNTY OF BIRTH
JEFFERSON | |
| MOTHER
MARY COOPER | | FATHER
JAMES E. COOPER | |
| ADDRESS OF BIRTH
NEWVILLE, ILLINOIS | | ADDRESS OF BIRTH
NEWVILLE, ILLINOIS | |
| SIGNATURE OF BIRTH
JAMES E. COOPER | | SIGNATURE OF BIRTH
JAMES E. COOPER | |



| | | | |
|------------------------------------|--|------------------------------|--|
| MEMBERSHIP RECORD IN LDS
CHURCH | | DATE OF BIRTH
JUL 15 1900 | |
| NAME OF BIRTH
JAMES E. COOPER | | DATE OF BIRTH
JUL 15 1900 | |
| NAME OF BIRTH
JAMES E. COOPER | | DATE OF BIRTH
JUL 15 1900 | |
| NAME OF BIRTH
JAMES E. COOPER | | DATE OF BIRTH
JUL 15 1900 | |
| NAME OF BIRTH
JAMES E. COOPER | | DATE OF BIRTH
JUL 15 1900 | |

| | | | |
|------------------------------|--|------------------------------|--|
| DATE OF BIRTH
JUL 15 1900 | | DATE OF BIRTH
JUL 15 1900 | |
| DATE OF BIRTH
JUL 15 1900 | | DATE OF BIRTH
JUL 15 1900 | |
| DATE OF BIRTH
JUL 15 1900 | | DATE OF BIRTH
JUL 15 1900 | |
| DATE OF BIRTH
JUL 15 1900 | | DATE OF BIRTH
JUL 15 1900 | |

356-216-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 566

| | | | | | | |
|--|---|--------------------|-------------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Amanda Laura Lewis | | | | 2. Date (month) (day) (year)
Of Birth October 16, 1898 | |
| | 3. Color or Race
W | 4. Sex
F | 5. Place of Birth
Bannock | a. County | b. City or Town of Birth
Oxford | |
| FATHER | 6. Full Name of Father
Robert Charles Lewis | | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ann Anderson | | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Amanda Laura Lewis</i> | | 11. Present Address of Registrant
835 North 11th
Pocatello, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
June 16 19 61 | | | 12. Signature of Notary
<i>[Signature]</i> | | 13. Notary Commission expires
Sept. 4 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
marriage license affidavit | | By whom issued and signed
bingham County, Idaho.
F.M. Fisher, Recorder | | Date issued
----- | Date Orig. Entry
June 1, 1921 |
| | Date of Birth
age 22 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
affidavit by brother | | By whom issued and signed
Marion Lewis age 73 | | Date issued
June 16, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Oct. 16, 1898 | Birth Place
Bannock County
Oxford, Idaho | Full Name of Mother
Mary Ann Anderson | | Name of Father
Robert Charles Lewis | |
| SUPPORTING
RECORD 3. | Type of Document
Marriage License | | By whom issued and signed
Idaho #56-2071 | | Date issued
Apr. 5, 1956 | Date Orig. Entry
Apr. 5, 1956 |
| | Date of Birth
age 57 | Birth Place
Oxford, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
July 6, 1961 |

DELAWARE STATE OF BIRTH

DATE 6 MAY 1968

October 18, 1968

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234-121-035-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 577

| | | | | | | |
|--|---|--------|-------------------|---------------------------------------|--------------------------|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth | | | 2. Date of Birth (month) (day) (year) | | |
| | Ernest Melvin Blue | | | December 21 1898 | | |
| FATHER | 3. Color or Race | 4. Sex | 5. Place of Birth | a. County | b. City or Town of Birth | |
| | White | Male | Nez Perce | | Woods/Id Volmer | |
| MOTHER | 6. Full Name of Father | | | 7. State or Country of Father's Birth | | |
| | James Wallace Blue | | | Oregon | | |
| AFFIDAVIT | 8. Full Maiden Name of Mother | | | 9. State or Country of Mother's Birth | | |
| | Martha Jane Ramsey | | | Iowa | | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant | | 11. Present Address of Registrant |
| | | | | Ernest M. Blue | | College Place, Washington
116 East Whitman Drive |
| | Subscribed and sworn to before me on | | | 12. Signature of Notary | | 13. Notary Commission expires |
| | May 10, 19 61 | | | [Signature] | | July 28, 19 61 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|------------------------------------|---------------------|--|--|--------------------|------------------|
| SUPPORTING RECORD 1- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | insurance policy application | | Northern Life Insurance Co. | | ----- | Feb. 27, 1950 |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Dec. 21, 1898 | Volmer, Idaho | ----- | | ----- | |
| SUPPORTING RECORD 2- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Family Record | | ----- | | ----- | obviously old |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Dec. 21, 1898 | Nez Perce Co, Idaho | Martha Jane Ramsey | | James Wallace Blue | |
| SUPPORTING RECORD 3- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | statement regarding school records | | Walla Walla Pub. Schools, Baker School, Arthur D. Jones, Supt. | | July 5, 1961 | 1910 |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Dec. 21, 1898 | ----- | Marth Jane Ramsey | | James Wallace Blue | |

| | | | |
|-------------------------------------|--|--|-----------------------------|
| QUALIFYING INFORMATION | | | |
| | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
[Signature] | Evidence reviewed by
pw Penny L. Wing | Date Filed
July 10, 1961 |

1944

[Illegible text]

100-443887-100

519 0007 10 0110 0

1. The first step in the process of the development of a new product is the identification of a market need. This is often done through market research, which can be conducted in a variety of ways, including surveys, focus groups, and interviews. The goal of market research is to gather information about the needs and preferences of potential customers, as well as to identify any gaps in the market that a new product could fill.

00887

100-443887-100

100

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

[Illegible text]

SECRET

12

[illegible]

104-10318-10000

1950

SECRET

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1944

SECRET

331-104-004-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 611

| | | | | | | | |
|--|---|-----------------------|---------------------------------------|--|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Howard Nathan Clark</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>April 4 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Bear Lake</i> | | 6. City or Town of Birth
<i>Montpelier Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Wilford Woodruff Clark</i> | | | | 7. State or Country of Father's Birth
<i>Utah, Beaver County</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Pamelia Dunn</i> | | | | 9. State or Country of Mother's Birth
<i>Idaho Bear Lake</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Howard Nathan Clark</i> | | 11. Present Address of Registrant
<i>9250 Wheeler Idaho Falls</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 7 1959</i> | | | | 12. Signature of Notary
<i>George M. Sarsen</i> | | 13. Notary Commission expires
<i>Dec 12 1959</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|----------------------------------|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
insurance policy application | | By whom issued and signed
Beneficial Life Insurance Co. | Date issued
----- | Date Orig. Entry
Dec. 15, 1939 |
| | Date of Birth
Apr. 4, 1898 | Birth Place
Montpelier, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
statement regarding church records | | By whom issued and signed
LDS Church, Idaho Falls 14th Ward, Merrill E. Walker, Bishop | Date issued
July 20, 1961 | Date Orig. Entry
baptized Jan. 30, 1906 |
| | Date of Birth
Apr. 4, 1898 | Birth Place
Montpelier, Idaho | Full Name of Mother
Pamelia Duain | Name of Father
Wilford W. Clark | |
| SUPPORTING RECORD 3. | Type of Document
affidavit by friend of family | | By whom issued and signed
George M. Sarsen age 81 | Date issued
July 18, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Apr. 4, 1898 | Birth Place
Montpelier, Idaho | Full Name of Mother
Permelia Dunn | Name of Father
Wilford Woodruff Clark | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
*W. A. Benson*Evidence reviewed by
Penry L. Wing

Date Filed

July 25, 1961

955-128-004-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 644

| | | | | | | | |
|--|---|-----------------------|---|--|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ivan Thomas Reese</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>7 28 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Ben Lake</i> | | 6. City or Town of Birth
<i>Bloomington Wales</i> | | |
| FATHER | 6. Full Name of Father
<i>Lotwick Reese</i> | | | | 7. State or Country of Father's Birth
<i>Gloucestershire</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Jane John</i> | | | | 9. State or Country of Mother's Birth
<i>Gloucestershire Wales</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ivan Thomas Reese</i> | | 11. Present Address of Registrant
<i>Bloomington Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on

July 31, 19 <i>61</i> | | 12. Signature of Notary
<i>Fun [Signature]</i> | | 13. Notary Commission expires

May 3, 19 <i>65</i> | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
<i>insurance policy application</i> | | By whom issued and signed
<i>Idaho Mutual Benefit Assn.</i> | Date issued
<i>----</i> | Date Orig. Entry
<i>March 13, 1941</i> |
| | Date of Birth
<i>July 28, 1898</i> | Birth Place
<i>Bloomington, Idaho</i> | Full Name of Mother
<i>----</i> | Name of Father
<i>----</i> | |
| SUPPORTING
RECORD 2- | Type of Document
<i>(Teacher) Certificate of Ordination</i> | | By whom issued and signed
<i>IDS Church, Bloomington Ward, Wilford M. Thomaak, ward clerk</i> | Date issued
<i>Aug. 29, 1916</i> | Date Orig. Entry
<i>ordained Mar. 21, 1916</i> |
| | Date of Birth
<i>July 28, 1898</i> | Birth Place
<i>Bloomington, Idaho</i> | Full Name of Mother
<i>Mary Jane John</i> | Name of Father
<i>Lotwick Reese</i> | |
| SUPPORTING
RECORD 3- | Type of Document
<i>(Deacon) Certificate of Ordination</i> | | By whom issued and signed
<i>IDS Church, Bloomington Ward, E. T. Patterson, Ward Clerk</i> | Date issued
<i>----</i> | Date Orig. Entry
<i>ordained April 26, 1914</i> |
| | Date of Birth
<i>July 28, 1898</i> | Birth Place
<i>Bloomington, Idaho</i> | Full Name of Mother
<i>Mary Jane John</i> | Name of Father
<i>Lotwick Reese</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|---|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by

<i>Penny L. Wing</i> | Date Filed

<i>August 3, 1961</i> |

STATE OF INDIANA
DEPT. OF REVENUE

DOE-11-11111
DOE-11-11111

THE UNIVERSITY OF CHICAGO

the 1990s, the number of people in the United States who are 65 years of age or older is projected to increase from 20 million to 35 million, and the number of people 75 years of age or older is projected to increase from 10 million to 17 million (U.S. Census Bureau, 1996). The number of people 85 years of age or older is projected to increase from 2 million to 4 million (U.S. Census Bureau, 1996). The number of people 90 years of age or older is projected to increase from 500,000 to 1 million (U.S. Census Bureau, 1996). The number of people 95 years of age or older is projected to increase from 100,000 to 200,000 (U.S. Census Bureau, 1996). The number of people 100 years of age or older is projected to increase from 10,000 to 20,000 (U.S. Census Bureau, 1996).

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866 - 222-022-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 709

| | | | | | | |
|--|---|------------------|---------------------------------|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Howard
Minnie (Harrop) | | | | 2. Date (month) (day) (year)
Of Birth November 22 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Teton City | a. County
Fremont | b. City or Town of Birth
Teton City | |
| FATHER | 6. Full Name of Father
John L. Howard | | | | 7. State or Country of Father's Birth
Mt. Pleasant, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Marion Bird | | | | 9. State or Country of Mother's Birth
Mendon, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Minnie Howard Harrop</i> | | 11. Present Address of Registrant
Driggs, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
August 11, 1961 | | | 12. Signature of Notary
<i>W. L. Benson</i> | | 13. Notary Commission expires
March 7, 1962 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|--|--|----------------------------------|---|--|----------------------------------|--|
| SUPPORTING
RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #268698 | | Date issued
Aug. 9, 1961 | Date Orig. Entry
child born
June 1, 1938 |
| | Date of Birth
age 39 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
affidavit by friend of family | | By whom issued and signed
Janie G. Moss age 78 | | Date issued
Aug. 11, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Nov. 22, 1898 | Birth Place
Teton City, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Certificate of Membership | | By whom issued and signed
LDS Church, Salt Lake City,
Utah, Ella D. Jack, Custodian | | Date issued
Aug. 21, 1961 | Date Orig. Entry
baptized
June 3, 1907 |
| | Date of Birth
Nov. 22, 1898 | Birth Place
Teton City, Idaho | Full Name of Mother
Marion Bird | | Name of Father
John L. Howard | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. L. Benson</i> | | Evidence reviewed by
PW Penny L. Wing | | | Date Filed
Aug. 25, 1961 |

STATE OF IOWA DELAYED CERTIFICATE OF BIRTH

AUG 25 1901

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. Name of child
John L. Howard | 2. Sex
Male | 3. Date of birth
November 25 1891 | 4. Place of birth
Town City | 5. State of birth
Iowa | 6. Name of father
John L. Howard | 7. Name of mother
John L. Howard |
| 8. Name of father
John L. Howard | 9. Name of mother
John L. Howard | 10. Name of father
John L. Howard | 11. Name of mother
John L. Howard | 12. Name of father
John L. Howard | 13. Name of mother
John L. Howard | 14. Name of father
John L. Howard |
| 15. Name of father
John L. Howard | 16. Name of mother
John L. Howard | 17. Name of father
John L. Howard | 18. Name of mother
John L. Howard | 19. Name of father
John L. Howard | 20. Name of mother
John L. Howard | 21. Name of father
John L. Howard |

| | | | | | | |
|---|---|---|---|---|---|---|
| 22. Name of father
John L. Howard | 23. Name of mother
John L. Howard | 24. Name of father
John L. Howard | 25. Name of mother
John L. Howard | 26. Name of father
John L. Howard | 27. Name of mother
John L. Howard | 28. Name of father
John L. Howard |
| 29. Name of father
John L. Howard | 30. Name of mother
John L. Howard | 31. Name of father
John L. Howard | 32. Name of mother
John L. Howard | 33. Name of father
John L. Howard | 34. Name of mother
John L. Howard | 35. Name of father
John L. Howard |
| 36. Name of father
John L. Howard | 37. Name of mother
John L. Howard | 38. Name of father
John L. Howard | 39. Name of mother
John L. Howard | 40. Name of father
John L. Howard | 41. Name of mother
John L. Howard | 42. Name of father
John L. Howard |

219-248-003-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 963

| | | | | | | |
|--|---|-------------------------|--|-----------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Matilda Barlow</i> (from <i>Caribou</i>) | | | | 2. Date (month) (day) (year)
Of Birth <i>January 18 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Chesterfield</i> | as County
<i>Bannock</i> | 6. City or Town of Birth
<i>Chesterfield Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Nathan Barlow</i> | | | | 7. State or Country of Father's Birth
<i>Bountiful, Utah</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Dora Matilda Tolman</i> | | | | 9. State or Country of Mother's Birth
<i>Woodruff, Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Matilda B. Gilbert</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 11 1961</i> | | | | 11. Present Address of Registrant
<i>R#1 Preston Idaho</i> | |
| | 12. Signature of Notary
<i>Paul E. Smeaton</i> | | | | 13. Notary Commission expires
<i>4-25-1962</i> 19 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|--|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
<i>insurance policy application</i> | | By whom issued and signed
<i>Western States Life Co.</i> | Date Issued
----- | Date Orig. Entry
<i>July 15, 1920</i> |
| | Date of Birth
<i>Jan. 18, 1898</i> | Birth Place
<i>Chesterfield, Ida.</i> | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
<i>Nomination Blank for the State Mother of Idaho</i> | | By whom issued and signed
<i>Preston Lions Club</i> | Date issued
<i>1953</i> | Date Orig. Entry
<i>1953</i> |
| | Date of Birth
<i>age 55</i> | Birth Place
<i>Bannock Chesterfield, Ida.</i> | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
<i>affidavit by aunt</i> | | By whom issued and signed
<i>Charlotte T.M. Higginson</i> age 78 | Date issued
<i>Nov. 11, 1961</i> | Date Orig. Entry
----- |
| | Date of Birth
<i>Jan. 18, 1898</i> | Birth Place
<i>Chesterfield, Ida.</i> | Full Name of Mother
<i>Dora Matilda Tolman</i> | Name of Father
<i>Nathan Barlow</i> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
*W. W. Benson*Evidence reviewed by
Penny L. Wing

Date Filed

Nov. 15, 1961

STATE OF ILLINOIS DEPARTMENT OF HEALTH BIRTH CERTIFICATE

NOV 15 1991

| | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|-------------------|--|--------------------|--|--------------------|--|---------------------|--|----------------------|--|----------------------|--|-------------------------|--|----------------------------|--|----------------------------|--|--------------------------|--|-------------------------|--|
| 1. Name of child | | 2. Sex | | 3. Date of birth | | 4. Time of birth | | 5. Place of birth | | 6. Name of mother | | 7. Name of father | | 8. Name of informant | | 9. Signature of informant | | 10. Signature of registrar | | 11. Date of registration | | 12. Registrar's name | |
| [Handwritten Name] | | [Handwritten Sex] | | [Handwritten Date] | | [Handwritten Time] | | [Handwritten Place] | | [Handwritten Mother] | | [Handwritten Father] | | [Handwritten Informant] | | [Handwritten Signature] | | [Handwritten Signature] | | [Handwritten Date] | | [Handwritten Registrar] | |
| 13. Name of child | | 14. Sex | | 15. Date of birth | | 16. Time of birth | | 17. Place of birth | | 18. Name of mother | | 19. Name of father | | 20. Name of informant | | 21. Signature of informant | | 22. Signature of registrar | | 23. Date of registration | | 24. Registrar's name | |
| [Handwritten Name] | | [Handwritten Sex] | | [Handwritten Date] | | [Handwritten Time] | | [Handwritten Place] | | [Handwritten Mother] | | [Handwritten Father] | | [Handwritten Informant] | | [Handwritten Signature] | | [Handwritten Signature] | | [Handwritten Date] | | [Handwritten Registrar] | |
| 13. Name of child | | 14. Sex | | 15. Date of birth | | 16. Time of birth | | 17. Place of birth | | 18. Name of mother | | 19. Name of father | | 20. Name of informant | | 21. Signature of informant | | 22. Signature of registrar | | 23. Date of registration | | 24. Registrar's name | |
| [Handwritten Name] | | [Handwritten Sex] | | [Handwritten Date] | | [Handwritten Time] | | [Handwritten Place] | | [Handwritten Mother] | | [Handwritten Father] | | [Handwritten Informant] | | [Handwritten Signature] | | [Handwritten Signature] | | [Handwritten Date] | | [Handwritten Registrar] | |

754-207-021-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 990

| | | | | | | | |
|--|---|------------------|---|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Vera Geddes | | | | 2. Date (month) (day) (year)
Of Birth February 7 1898 | | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
Franklin | | b. City or Town of Birth
Preston | | |
| FATHER | 6. Full Name of Father
Joseph S. Geddes | | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Isabelle D. Neeley | | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Vera Geddes Merrill | | 11. Present Address of Registrant
Preston, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 21, 1961 | | 12. Signature of Notary
[Signature] | | 13. Notary Commission Expires
5-22-1963 19 | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|--|--|------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #74095 | | Date issued
----- | Date Orig. Entry
child born
Nov. 26, 1919 |
| | Date of Birth
age 21 | Birth Place
Preston | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Church Record | | By whom issued and signed
LDS Church, Preston 1st Ward
Merlin W. Smith, Ward Clerk | | Date issued
----- | Date Orig. Entry
baptized
Feb. 7, 1906 |
| | Date of Birth
Feb. 7, 1898 | Birth Place
Franklin
Preston, Idaho | Full Name of Mother
Isabelle D. Neeley | | Name of Father
Joseph S. Geddes | |
| SUPPORTING
RECORD 3- | Type of Document
Insurance Policy | | By whom issued and signed
Old West Life Insurance Co. | | Date issued
June 17, 1942 | Date Orig. Entry
July 28, 1948 |
| | Date of Birth
Feb. 7, 1898 | Birth Place
Preston, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. Benson

Evidence reviewed by

PW

Penny L. Wing

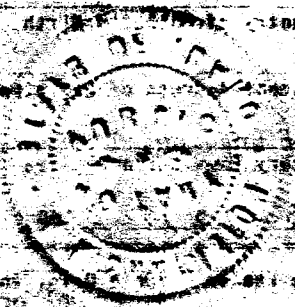
Date Filed

Nov. 24, 1961

STATE OF TEXAS DEPARTMENT OF HEALTH BIRTH CERTIFICATE

NOV 27 1961

| | | | |
|--|--|--------------------------------|--|
| Date of Birth: 11/27/61
Place of Birth: [illegible] | | Sex: Male
Race: [illegible] | |
| Date of Death: [illegible]
Place of Death: [illegible] | | Cause of Death: [illegible] | |
| Date of Admission: [illegible]
Date of Discharge: [illegible] | | Name of Hospital: [illegible] | |
| Name of Physician: [illegible] | | Name of Nurse: [illegible] | |
| Name of Mother: [illegible] | | Name of Father: [illegible] | |
| Address: [illegible] | | City: [illegible] | |
| State: [illegible] | | Zip: [illegible] | |
| Date of Registration: [illegible] | | Name of Registrar: [illegible] | |
| Date of Filing: [illegible] | | Name of Filer: [illegible] | |



[Handwritten signature]

613-210-003-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1010

| | | | | | | | |
|--|---|------------------|--|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MAE WALKER | | | | 2. Date (month) (day) (year)
Of Birth August 10 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Oxford, Idaho Bannock | | b. City or Town of Birth
Oxford, Idaho | | |
| FATHER | 6. Full Name of Father
Charles Henry Walker | | | | 7. State or Country of Father's Birth
Mendon, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Ellen Elvira Marshall (Walker) | | | | 9. State or Country of Mother's Birth
Franklin, Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Mae W. Anderson</i> | | 11. Present Address of Registrant
286 Pearl, Pocatello, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 7 1961 | | | | 12. Signature of Notary
<i>Penny L. Wing</i> | | 13. Notary Commission expires
9-1 1962 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|---|------------------------------|---|--|--|-----------------------------------|--|
| SUPPORTING
RECORD 1- | Type of Document
affidavit by uncle | | By whom issued and signed
Albert Walker age 80 | | Date issued
Nov. 6, 1961 | Date Orig. Entry
---- | |
| | Date of Birth
Aug. 10, 1898 | Birth Place
Oxford, Idaho | Full Name of Mother
----- | | Name of Father
----- | | |
| | | | | | | | |
| SUPPORTING
RECORD 2- | Type of Document
statement regarding lodge records | | By whom issued and signed
Brotherhood of Railroad Train men, #270, Grace Bevan, Sec. | | Date issued
----- | Date Orig. Entry
Apr. 17, 1928 | |
| | Date of Birth
Aug. 10, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | | |
| | | | | | | | |
| SUPPORTING
RECORD 3- | Type of Document
Family Book | | By whom issued and signed
----- | | Date issued
----- | Date Orig. Entry
obviously old | |
| | Date of Birth
Aug. 10, 1898 | Birth Place
Oxford, Idaho | Full Name of Mother father
Charles Henry Walker | | Name of Father mother
Elvira Walker | | |
| | | | | | | | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|--|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. L. Benson</i> | Evidence reviewed by
pw Penny L. Wing | Date Filed
Nov. 30, 1961 |

11-3-61

DEC 1 1961

DELAYED CERTIFICATE OF BIRTH

Baum & Peterson, allys

| | | | | | |
|-------------------------------|--|---------------------------------------|--|-----------------------------|--|
| 1. Name of child | | 2. Date of birth | | 3. Place of birth | |
| 4. Sex | | 5. Race | | 6. Religion | |
| 7. Name of father | | 8. Name of mother | | 9. Name of informant | |
| 10. Date of registration | | 11. Signature of registrar | | 12. Signature of informant | |
| 13. Date of filing | | 14. Signature of filer | | 15. Signature of registrar | |
| 16. Date of issue | | 17. Signature of issuer | | 18. Signature of registrar | |
| 19. Date of receipt | | 20. Signature of recipient | | 21. Signature of registrar | |
| 22. Date of return | | 23. Signature of returner | | 24. Signature of registrar | |
| 25. Date of completion | | 26. Signature of completer | | 27. Signature of registrar | |
| 28. Date of final review | | 29. Signature of reviewer | | 30. Signature of registrar | |
| 31. Date of final decision | | 32. Signature of decision maker | | 33. Signature of registrar | |
| 34. Date of final report | | 35. Signature of reporter | | 36. Signature of registrar | |
| 37. Date of final summary | | 38. Signature of summarizer | | 39. Signature of registrar | |
| 40. Date of final conclusion | | 41. Signature of conclusion maker | | 42. Signature of registrar | |
| 43. Date of final action | | 44. Signature of action taker | | 45. Signature of registrar | |
| 46. Date of final result | | 47. Signature of result provider | | 48. Signature of registrar | |
| 49. Date of final outcome | | 50. Signature of outcome provider | | 51. Signature of registrar | |
| 52. Date of final effect | | 53. Signature of effect provider | | 54. Signature of registrar | |
| 55. Date of final consequence | | 56. Signature of consequence provider | | 57. Signature of registrar | |
| 58. Date of final result | | 59. Signature of result provider | | 60. Signature of registrar | |
| 61. Date of final outcome | | 62. Signature of outcome provider | | 63. Signature of registrar | |
| 64. Date of final effect | | 65. Signature of effect provider | | 66. Signature of registrar | |
| 67. Date of final consequence | | 68. Signature of consequence provider | | 69. Signature of registrar | |
| 70. Date of final result | | 71. Signature of result provider | | 72. Signature of registrar | |
| 73. Date of final outcome | | 74. Signature of outcome provider | | 75. Signature of registrar | |
| 76. Date of final effect | | 77. Signature of effect provider | | 78. Signature of registrar | |
| 79. Date of final consequence | | 80. Signature of consequence provider | | 81. Signature of registrar | |
| 82. Date of final result | | 83. Signature of result provider | | 84. Signature of registrar | |
| 85. Date of final outcome | | 86. Signature of outcome provider | | 87. Signature of registrar | |
| 88. Date of final effect | | 89. Signature of effect provider | | 90. Signature of registrar | |
| 91. Date of final consequence | | 92. Signature of consequence provider | | 93. Signature of registrar | |
| 94. Date of final result | | 95. Signature of result provider | | 96. Signature of registrar | |
| 97. Date of final outcome | | 98. Signature of outcome provider | | 99. Signature of registrar | |
| 100. Date of final effect | | 101. Signature of effect provider | | 102. Signature of registrar | |



Handwritten signature and initials, possibly 'A.W.C.'

593-217-029-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De61- 1040

| | | | | | | | |
|--|---|------------------|----------------------------|-----------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Elora Lorraine Nichols | | | | 2. Date (month) (day) (year)
Of Birth Jan. 17 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Latah | a. County | b. City or Town of Birth
Moscow | | |
| FATHER | 6. Full Name of Father
Elmer Dewitt Nichols | | | | 7. State or Country of Father's Birth
Albany, Oregon | | |
| MOTHER | 8. Full Maiden Name of Mother
Ella Adelia Cole | | | | 9. State or Country of Mother's Birth
Algona, Iowa | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Elora Lorraine Nichols</i> | | 11. Present Address of Registrant
Fairfield, Wash. |
| NOTARY (Seal) | Subscribed and sworn to before me on
Dec. 7, 19 61 | | | | 12. Signature of Notary
<i>Stanley L. Jones</i> | | 13. Notary Commission expires
Jan. 24, 19 63 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|------------------------------|--|--|--|-----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by aunt | | By whom issued and signed
Matie A. Maib age 11 at birth | | Date issued
6-7-1961 | Date Orig. Entry
----- |
| | Date of Birth
Jan. 17, 1898 | Birth Place
Moscow, Idaho | Full Name of Mother
Ella Adelia Cole Merritt | | Name of Father
Charles Frank Cole | |
| SUPPORTING
RECORD 2. | Type of Document
Insurance policy | | By whom issued and signed
Wash. Natl. Ins. Co. | | Date issued
3-1-1955 | Date Orig. Entry
Mar. 1, 1955 |
| | Date of Birth
Jan. 17, 1898 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Family Record Book | | By whom issued and signed
----- | | Date issued
----- | Date Orig. Entry
obviously old |
| | Date of Birth
Jan. 17, 1898 | Birth Place
Moscow, Idaho | Full Name of Mother
Ella Adelia Cole | | Name of Father
Elmer Dewitt Nichols | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--|---------------------------------------|-----------------------------|
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Penny L. Wing | Date Filed
De61-11, 1961 |
|--|---------------------------------------|-----------------------------|

DEC 11 1961

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

| | | | | | |
|--|--|--|--|--|--|
| Name of Subject | | Date of Birth | | Place of Birth | |
| JAMES EARL RAY | | 5-10-28 | | MOBILE, ALABAMA | |
| Current Address | | Previous Address | | Occupation | |
| 2814 1/2 N. 1ST ST., MEMPHIS, TENN. | | 2814 1/2 N. 1ST ST., MEMPHIS, TENN. | | None | |
| Social Security Number | | Identification Number | | Fingerprints | |
| 6-01-10-1000 | | 100-440000 | | FBI - Memphis | |
| Date of Arrest | | Arrested by | | Arrested at | |
| 5-2-62 | | SA JAMES M. MOHR | | MEMPHIS, TENN. | |
| Reason for Arrest | | Charge | | Disposition | |
| SUSPICION OF CRIME | | FEDERAL BUREAU OF INVESTIGATION | | PENDING | |
| Date of Release | | Released by | | Released at | |
| None | | None | | None | |
| Signature of Agent | | Signature of Subject | | Signature of Witness | |
| [Signature] | | [Signature] | | [Signature] | |
| Date of Report | | Reported by | | Reported at | |
| 5-2-62 | | SA JAMES M. MOHR | | MEMPHIS, TENN. | |
| Remarks | | Remarks | | Remarks | |
| Subject was arrested on 5-2-62 at Memphis, Tenn. He was taken to the Federal House of Detention, Memphis, Tenn. He was released on 5-2-62. | | Subject was arrested on 5-2-62 at Memphis, Tenn. He was taken to the Federal House of Detention, Memphis, Tenn. He was released on 5-2-62. | | Subject was arrested on 5-2-62 at Memphis, Tenn. He was taken to the Federal House of Detention, Memphis, Tenn. He was released on 5-2-62. | |

619-117-036-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1052

| | | | | | | |
|--|---|----------------|-----------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Jesse Lorenzo Ward | | | 2. Date of Birth (month) (day) (year)
October 17 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Oneida | b. City or Town of Birth
Woodruff | | |
| FATHER | 6. Full Name of Father
Jesse N. Ward | | | 7. State or Country of Father's Birth
Snowville, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Julia A. Moon | | | 9. State or Country of Mother's Birth
Farmington, Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Jesse Lorenzo Ward</i> | | 11. Present Address of Registrant
Inland, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Dec. 5</i> 19 <i>61</i> | | | 12. Signature of Notary
<i>Calvin H. Sweetser</i>
Clerk of the district court | | 13. Notary Commission expires
1/12 19 <i>63</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--------------------------------|---|--|---------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Baptism | | By whom issued and signed
LDS Church, Woodruff Ward
T. J. Howell, clerk | | Date issued
June 19,
1907 | Date Orig. Entry
baptized
June 19, 1907 |
| | Date of Birth
Oct. 17, 1898 | Birth Place
Woodruff, Idaho | Full Name of Mother
Julia A. Moon | | Name of Father
Jesse N. Ward | |
| SUPPORTING
RECORD 2- | Type of Document
insurance policy application | | By whom issued and signed
Beneficial Life Insurance Co. | | Date issued
Oct. 14, 1925 | Date Orig. Entry
Feb. 18, 1925 |
| | Date of Birth
Oct. 17, 1898 | Birth Place
Woodruff, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #213476 | | Date issued
Aug. 7, 1951 | Date Orig. Entry
child born
Mar. 31, 1932 |
| | Date of Birth
age 34 | Birth Place
Woodruff, Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Penny L. Wing

Date Filed

Dec. 12, 1961

DEC 31 1961

DELAWARE CERTIFICATE OF BIRTH

| | | | | | |
|------------------------------------|--|---------------------------------|--|----------------------------------|--|
| 1. Registrant's Full Name at Birth | | 2. Date of Birth | | 3. Place of Birth | |
| JAMES H. BROWN | | JAN 15 1908 | | NEW YORK, N.Y. | |
| 4. Name of Mother | | 5. Name of Father | | 6. Date of Marriage | |
| JANE BROWN | | JOHN BROWN | | JAN 15 1908 | |
| 7. State or County of Birth | | 8. State or County of Residence | | 9. Present Address of Registrant | |
| NEW YORK, N.Y. | | NEW YORK, N.Y. | | NEW YORK, N.Y. | |
| 10. Name of Registrar | | 11. Signature of Registrar | | 12. Seal of Registrar | |
| J. H. BROWN | | [Signature] | | [Seal] | |
| 13. Date of Registration | | 14. Signature of Registrar | | 15. Seal of Registrar | |
| JAN 15 1908 | | [Signature] | | [Seal] | |
| 16. Date of Birth | | 17. Name of Mother | | 18. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 19. Date of Birth | | 20. Name of Mother | | 21. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 22. Date of Birth | | 23. Name of Mother | | 24. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 25. Date of Birth | | 26. Name of Mother | | 27. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 28. Date of Birth | | 29. Name of Mother | | 30. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 31. Date of Birth | | 32. Name of Mother | | 33. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 34. Date of Birth | | 35. Name of Mother | | 36. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 37. Date of Birth | | 38. Name of Mother | | 39. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 40. Date of Birth | | 41. Name of Mother | | 42. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 43. Date of Birth | | 44. Name of Mother | | 45. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 46. Date of Birth | | 47. Name of Mother | | 48. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 49. Date of Birth | | 50. Name of Mother | | 51. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 52. Date of Birth | | 53. Name of Mother | | 54. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 55. Date of Birth | | 56. Name of Mother | | 57. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 58. Date of Birth | | 59. Name of Mother | | 60. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 61. Date of Birth | | 62. Name of Mother | | 63. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 64. Date of Birth | | 65. Name of Mother | | 66. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 67. Date of Birth | | 68. Name of Mother | | 69. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 70. Date of Birth | | 71. Name of Mother | | 72. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 73. Date of Birth | | 74. Name of Mother | | 75. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 76. Date of Birth | | 77. Name of Mother | | 78. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 79. Date of Birth | | 80. Name of Mother | | 81. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 82. Date of Birth | | 83. Name of Mother | | 84. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 85. Date of Birth | | 86. Name of Mother | | 87. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 88. Date of Birth | | 89. Name of Mother | | 90. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 91. Date of Birth | | 92. Name of Mother | | 93. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 94. Date of Birth | | 95. Name of Mother | | 96. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 97. Date of Birth | | 98. Name of Mother | | 99. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |
| 100. Date of Birth | | 101. Name of Mother | | 102. Name of Father | |
| JAN 15 1908 | | JANE BROWN | | JOHN BROWN | |

626-230-022-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

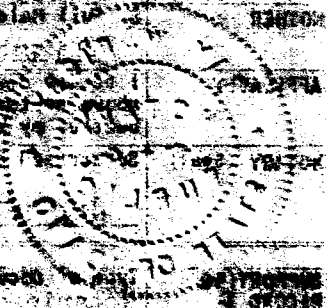
State File No. De-62-021

| | | | | | | |
|--|--|----------------------------|--|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Florence Ruth Oswald | | | | 2. Date (month) (day) (year)
Of Birth June 30 1898 | |
| | 3. Color or Race
White | 4. Sex
female | 5. Place of Birth
Fremont | a. County
b. City or Town of Birth
Lake | | |
| FATHER | 6. Full Name of Father
Jacob Oswald | | | | 7. State or Country of Father's Birth
Missouri | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Hayden | | | | 9. State or Country of Mother's Birth
Montana | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Florence Ruth Oswald Jones</i> | | 11. Present Address of Registrant
347 North, 3rd West
St. Anthony, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 2 19 62 | | | 12. Signature of Notary
<i>Lay W. Sigby</i> | | 13. Notary Commission expires
January 26 19 63 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Notarized photo copy of page
in family Bible | | By whom issued and signed
E. Janet Thomas, Notary
Public | | Date issued
Sept. 22,
1961 | Date Orig. Entry
----- |
| | Date of Birth
June 30,
1898 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
Census Record | | By whom issued and signed
Bureau of the Census,
Washington, D. C. | | Date issued
Dec. 19,
1961 | Date Orig. Entry
Jan. 1900 |
| | Date of Birth
June 1898
Age: 1 | Birth Place
Idaho | Full Name of Mother
Lizzie Oswald | | Name of Father
Jacob Oswald | |
| SUPPORTING
RECORD 3. | Type of Document
Copy of Life Insurance
Policy No. 28032 | | By whom issued and signed
Idaho Mutual Benefit
Association, Boise, Idaho | | Date issued
Nov. 30,
1955 | Date Orig. Entry
Nov. 21, 1955 |
| | Date of Birth
June 30,
1898 | Birth Place
Lake, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Shirley Miller | | Date Filed
Jan. 9, 1962 | |

JAN 10 1962

STATE OF IOWA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

| | | | | | | | | | | | |
|--------------------------------------|--|--|--|-------------------------------------|--|---|--|-------------------------------------|--|---|--|
| 1. Name of child
JAMES EARL RAY | | 2. Sex
Male | | 3. Date of birth
1938 | | 4. Place of birth
HAWAII | | 5. Date of death
1968 | | 6. Cause of death
Heart disease | |
| 7. Name of mother
LUCILLE B. RAY | | 8. Name of father
JAMES EARL RAY | | 9. Date of marriage
1938 | | 10. Place of marriage
HAWAII | | 11. Date of birth of mother
1918 | | 12. Place of birth of mother
HAWAII | |
| 13. Date of birth of father
1918 | | 14. Place of birth of father
HAWAII | | 15. Date of death of mother
1968 | | 16. Cause of death of mother
Heart disease | | 17. Date of death of father
1968 | | 18. Cause of death of father
Heart disease | |
| 19. Name of child
JAMES EARL RAY | | 20. Sex
Male | | 21. Date of birth
1938 | | 22. Place of birth
HAWAII | | 23. Date of death
1968 | | 24. Cause of death
Heart disease | |
| 25. Name of mother
LUCILLE B. RAY | | 26. Name of father
JAMES EARL RAY | | 27. Date of marriage
1938 | | 28. Place of marriage
HAWAII | | 29. Date of birth of mother
1918 | | 30. Place of birth of mother
HAWAII | |
| 31. Date of birth of father
1918 | | 32. Place of birth of father
HAWAII | | 33. Date of death of mother
1968 | | 34. Cause of death of mother
Heart disease | | 35. Date of death of father
1968 | | 36. Cause of death of father
Heart disease | |



It is hereby certified that the foregoing information has been furnished to the Division of Vital Statistics for the purpose of recording the birth of the child named above.

384-226-030-339

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-029

| | | | | | | |
|--|---|--------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Stella Victoria Lyman | | | 2. Date (month) (day) (year)
Of Birth 2 26 1898 | | |
| | 3. Color or Race
White | 4. Sex
F. | 5. Place of Birth a. County
Gibbonsville, Lemhi Co. | b. City or Town of Birth
Gibbonsville, Idaho | | |
| FATHER | 6. Full Name of Father
James Sheldon Lyman | | | 7. State or Country of Father's Birth
Michigan | | |
| MOTHER | 8. Full Maiden Name of Mother
Alice Click | | | 9. State or Country of Mother's Birth
Montana | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Stella Victoria Lyman Hedden</i> | | 11. Present Address of Registrant
834 Tudor Road,
Yuba City, Calif |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 5 19 62 | | | 12. Signature of Notary
<i>Wilma R. Schmutzler</i>
Wilma R. Schmutzler | | 13. Notary Commission expires
April 12 19 62 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---------------------------------------|--|--|---------------------------------------|--------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Statement regarding school census | | By whom issued and signed
Adeline Bartron, Supintendent
Missoula County, Montana | | Date issued
Mar. 26,
1958 | Date Orig. Entry
1913 |
| | Date of Birth
Feb. 26,
1898 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
Photo copy of application
for Social Security Acc. No. | | By whom issued and signed
U. S. TREASURY DEPARTMENT | | Date issued
----- | Date Orig. Entry
Dec. 1,
1936 |
| | Date of Birth
Feb. 26,
1898 | Birth Place
Gibbonsville,
Idaho | Full Name of Mother
Mrs. Alice Lyman | | Name of Father
Sheldon James Lyman | |
| SUPPORTING
RECORD 3. | Type of Document
Statement regarding school record | | By whom issued and signed
Sacred Heart Academy, Missoula
Montana, Sister Ann Dolores | | Date issued
Mar. 31,
1958 | Date Orig. Entry
Sept. 1,
1906 |
| | Date of Birth
Age: 8 | Birth Place
----- | Full Name of Mother
Alice Lyman | | Name of Father
James Lyman | |

| | | | |
|--|--|--|-----------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Shirley Miller | Date Filed
Jan. 11, 1962 |

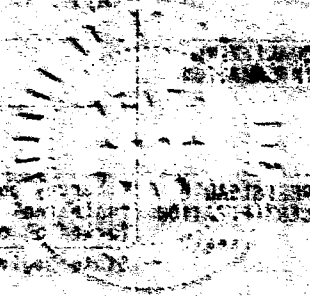
JAN 12 1962

CERTIFICATE OF BIRTH

| | | | | | |
|--|--|---|--|---|--|
| 1. Name of child at birth
[Illegible] | | 2. Date of birth
[Illegible] | | 3. Place of birth
[Illegible] | |
| 4. Name of mother
[Illegible] | | 5. Name of father
[Illegible] | | 6. Address of mother at birth
[Illegible] | |
| 7. Address of father at birth
[Illegible] | | 8. Name of hospital or institution
[Illegible] | | 9. Name of attending physician
[Illegible] | |
| 10. Name of registrar
[Illegible] | | 11. Signature of registrar
[Illegible] | | 12. Date of registration
[Illegible] | |



| | | | | | |
|---|--|--|--|--|--|
| 13. Name of child at birth
[Illegible] | | 14. Date of birth
[Illegible] | | 15. Place of birth
[Illegible] | |
| 16. Name of mother
[Illegible] | | 17. Name of father
[Illegible] | | 18. Address of mother at birth
[Illegible] | |
| 19. Address of father at birth
[Illegible] | | 20. Name of hospital or institution
[Illegible] | | 21. Name of attending physician
[Illegible] | |
| 22. Name of registrar
[Illegible] | | 23. Signature of registrar
[Illegible] | | 24. Date of registration
[Illegible] | |



| | | | | | |
|---|--|--|--|--|--|
| 25. Name of child at birth
[Illegible] | | 26. Date of birth
[Illegible] | | 27. Place of birth
[Illegible] | |
| 28. Name of mother
[Illegible] | | 29. Name of father
[Illegible] | | 30. Address of mother at birth
[Illegible] | |
| 31. Address of father at birth
[Illegible] | | 32. Name of hospital or institution
[Illegible] | | 33. Name of attending physician
[Illegible] | |
| 34. Name of registrar
[Illegible] | | 35. Signature of registrar
[Illegible] | | 36. Date of registration
[Illegible] | |

551-127-021-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-049

| | | | | | | |
|--|---|-----------------------|--|------------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ISAAC WORTH EVANS | | | | 2. Date (month) (day) (year)
Of Birth November 27 1898 | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth
MINK CREEK | a. County
FRANKLIN | b. City or Town of Birth
Mink Creek, Idaho | |
| FATHER | 6. Full Name of Father
ISAAC BOWEN EVANS | | | | 7. State or Country of Father's Birth
UTAH, BRIGHAM CITY | |
| MOTHER | 8. Full Maiden Name of Mother
ELIZABETH JANE PRICE | | | | 9. State or Country of Mother's Birth
IDAHO, SAMARIA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Isaac Worth Evans</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>Nov 29</i> 1961 | | | | 11. Present Address of Registrant
222 West 2nd North, LOGAN, UTAH | |
| | | | | | 12. Signature of Notary
<i>Ernie Hawthorn</i> | |
| | | | | | 13. Notary Commission expires
<i>June 27, 1965</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-------------------------------------|--|--|-------------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by aunt, Born
May 24, 1883 | | By whom issued and signed
Irene Evans Williams | | Date issued
June 9,
1961 | Date Orig. Entry
----- |
| | Date of Birth
Nov. 27,
1898 | Birth Place
Mink Creek, Idaho | Full Name of Mother
Elizabeth Jane Price Evans | | Name of Father
Issac Bowen Evans | |
| SUPPORTING
RECORD 2. | Type of Document
Duplicate Certificate of
Blessing | | By whom issued and signed
Wilford A. Kowallis, Bishop
L.D.S. Church, Logan, Utah | | Date issued
June 18,
1961 | Date Orig. Entry
Blessed
July 2, 1899 |
| | Date of Birth
Nov. 27,
1898 | Birth Place
Mink Creek,
Idaho | Full Name of Mother
Elizabeth Price | | Name of Father
Isaac B. Evans | |
| SUPPORTING
RECORD 3. | Type of Document
Copy of Application for
Marriage License | | By whom issued and signed
Salt Lake County, Utah
Clarence Cowan, County Clerk | | Date issued
July 13,
1961 | Date Orig. Entry
Oct. 26,
1921 |
| | Date of Birth
Nov. 27,
1898 | Birth Place
Mink Creek | Full Name of Mother
Elizabeth Price | | Name of Father
Isaac B. Evans | |

QUALIFYING INFORMATION

| | | | |
|--|--|--|---------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar

W. W. Benson | Evidence reviewed by

Shirley Miller | Date Filed

Jan. 17, 1962 |

DECEASED CERTIFICATE OF DEATH
STATE OF TEXAS

JAN 18 1962

| | | | | | |
|--|--|---|--|---|--|
| Name of Deceased
JOHN W. BROWN | | Date of Birth
1914 | | Sex
Male | |
| Place of Birth
TEXAS | | Date of Death
1962 | | Place of Death
TEXAS | |
| Cause of Death
Heart Disease | | Manner of Death
Natural | | Signature of Physician
[Signature] | |
| Signature of Registrar
[Signature] | | Signature of Coroner
[Signature] | | Signature of Medical Examiner
[Signature] | |
| Signature of Burial Director
[Signature] | | Signature of Cemetery
[Signature] | | Signature of Funeral Home
[Signature] | |
| Signature of Family
[Signature] | | Signature of Friend
[Signature] | | Signature of Neighbor
[Signature] | |
| Signature of Minister
[Signature] | | Signature of Pastor
[Signature] | | Signature of Chaplain
[Signature] | |
| Signature of Priest
[Signature] | | Signature of Rabbi
[Signature] | | Signature of Imam
[Signature] | |
| Signature of Other
[Signature] | | Signature of Other
[Signature] | | Signature of Other
[Signature] | |



547-115-006-569

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-065

| | | | | | | | |
|--|---|-----------------------|--|-----------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Guy Abraham Empey</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Dec 15 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Ammon</i> | a. County
<i>Bingham</i> | b. City or Town of Birth
<i>Ammon</i> | | |
| FATHER | 6. Full Name of Father
<i>John Empey</i> | | | | 7. State or Country of Father's Birth
<i>Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Almira Ceretta Norton</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Guy A. Empey</i> | | 11. Present Address of Registrant
<i>Idaho Falls RTZ 7 da</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 12 1962</i> | | 12. Signature of Notary
<i>J. T. Evans, Jr.</i> | | 13. Notary Commission expires
<i>July 1 1965</i> | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|---|---|---|--|------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Church certificate of birth | | By whom issued and signed
L.D.S. Church, Salt Lake City, Utah | | Date issued
July 20, 1961 | Date Orig. Entry
Feb. 5, 1899 |
| | Date of Birth
Dec. 15, 1898 | Birth Place
Ammon, Bingham County, Idaho | Full Name of Mother
Almisa C. Norton | | Name of Father
John Empey | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by brother
born 1888 | | By whom issued and signed
John A. Empey | | Date issued
Jan. 19, 1962 | Date Orig. Entry
--- |
| | Date of Birth
Dec. 15, 1898 | Birth Place
Ammon, Idaho | Full Name of Mother
Almira Norton Empey | | Name of Father
John Empey | |
| SUPPORTING
RECORD 3- | Type of Document
Application for membership | | By whom issued and signed
American Home Benefit Assoc.
Boise, Idaho | | Date issued
----- | Date Orig. Entry
June 12, 1935 |
| | Date of Birth
Dec. 15, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Shirley Miller
sm

Date Filed
Jan. 24, 1962

JAN 25 1962

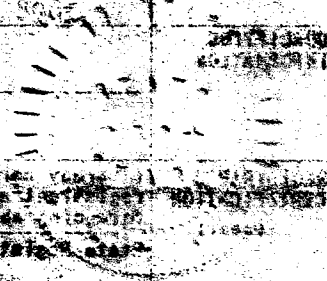
DECEASED CERTIFICATE OF BIRTH
STATE OF IOWA

STATE OF IOWA
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Sex | 4. Race |
| 5. Place of birth | 6. Date of death | 7. Cause of death | 8. Manner of death |
| 9. State or County of father's birth | 10. State or County of mother's birth | 11. Name of father | 12. Name of mother |
| 13. Name of child at death | 14. Date of death | 15. Cause of death | 16. Manner of death |
| 17. State or County of father's birth | 18. State or County of mother's birth | 19. Name of father | 20. Name of mother |
| 21. Name of child at death | 22. Date of death | 23. Cause of death | 24. Manner of death |
| 25. State or County of father's birth | 26. State or County of mother's birth | 27. Name of father | 28. Name of mother |
| 29. Name of child at death | 30. Date of death | 31. Cause of death | 32. Manner of death |
| 33. State or County of father's birth | 34. State or County of mother's birth | 35. Name of father | 36. Name of mother |
| 37. Name of child at death | 38. Date of death | 39. Cause of death | 40. Manner of death |
| 41. State or County of father's birth | 42. State or County of mother's birth | 43. Name of father | 44. Name of mother |
| 45. Name of child at death | 46. Date of death | 47. Cause of death | 48. Manner of death |
| 49. State or County of father's birth | 50. State or County of mother's birth | 51. Name of father | 52. Name of mother |
| 53. Name of child at death | 54. Date of death | 55. Cause of death | 56. Manner of death |
| 57. State or County of father's birth | 58. State or County of mother's birth | 59. Name of father | 60. Name of mother |
| 61. Name of child at death | 62. Date of death | 63. Cause of death | 64. Manner of death |
| 65. State or County of father's birth | 66. State or County of mother's birth | 67. Name of father | 68. Name of mother |
| 69. Name of child at death | 70. Date of death | 71. Cause of death | 72. Manner of death |
| 73. State or County of father's birth | 74. State or County of mother's birth | 75. Name of father | 76. Name of mother |
| 77. Name of child at death | 78. Date of death | 79. Cause of death | 80. Manner of death |
| 81. State or County of father's birth | 82. State or County of mother's birth | 83. Name of father | 84. Name of mother |
| 85. Name of child at death | 86. Date of death | 87. Cause of death | 88. Manner of death |
| 89. State or County of father's birth | 90. State or County of mother's birth | 91. Name of father | 92. Name of mother |
| 93. Name of child at death | 94. Date of death | 95. Cause of death | 96. Manner of death |
| 97. State or County of father's birth | 98. State or County of mother's birth | 99. Name of father | 100. Name of mother |



| | | | |
|--|--|---------------------|----------------------|
| 101. Name of child at death | 102. Date of death | 103. Cause of death | 104. Manner of death |
| 105. State or County of father's birth | 106. State or County of mother's birth | 107. Name of father | 108. Name of mother |
| 109. Name of child at death | 110. Date of death | 111. Cause of death | 112. Manner of death |
| 113. State or County of father's birth | 114. State or County of mother's birth | 115. Name of father | 116. Name of mother |
| 117. Name of child at death | 118. Date of death | 119. Cause of death | 120. Manner of death |
| 121. State or County of father's birth | 122. State or County of mother's birth | 123. Name of father | 124. Name of mother |
| 125. Name of child at death | 126. Date of death | 127. Cause of death | 128. Manner of death |
| 129. State or County of father's birth | 130. State or County of mother's birth | 131. Name of father | 132. Name of mother |
| 133. Name of child at death | 134. Date of death | 135. Cause of death | 136. Manner of death |
| 137. State or County of father's birth | 138. State or County of mother's birth | 139. Name of father | 140. Name of mother |
| 141. Name of child at death | 142. Date of death | 143. Cause of death | 144. Manner of death |
| 145. State or County of father's birth | 146. State or County of mother's birth | 147. Name of father | 148. Name of mother |
| 149. Name of child at death | 150. Date of death | 151. Cause of death | 152. Manner of death |
| 153. State or County of father's birth | 154. State or County of mother's birth | 155. Name of father | 156. Name of mother |
| 157. Name of child at death | 158. Date of death | 159. Cause of death | 160. Manner of death |
| 161. State or County of father's birth | 162. State or County of mother's birth | 163. Name of father | 164. Name of mother |
| 165. Name of child at death | 166. Date of death | 167. Cause of death | 168. Manner of death |
| 169. State or County of father's birth | 170. State or County of mother's birth | 171. Name of father | 172. Name of mother |
| 173. Name of child at death | 174. Date of death | 175. Cause of death | 176. Manner of death |
| 177. State or County of father's birth | 178. State or County of mother's birth | 179. Name of father | 180. Name of mother |
| 181. Name of child at death | 182. Date of death | 183. Cause of death | 184. Manner of death |
| 185. State or County of father's birth | 186. State or County of mother's birth | 187. Name of father | 188. Name of mother |
| 189. Name of child at death | 190. Date of death | 191. Cause of death | 192. Manner of death |
| 193. State or County of father's birth | 194. State or County of mother's birth | 195. Name of father | 196. Name of mother |
| 197. Name of child at death | 198. Date of death | 199. Cause of death | 200. Manner of death |
| 201. State or County of father's birth | 202. State or County of mother's birth | 203. Name of father | 204. Name of mother |
| 205. Name of child at death | 206. Date of death | 207. Cause of death | 208. Manner of death |
| 209. State or County of father's birth | 210. State or County of mother's birth | 211. Name of father | 212. Name of mother |
| 213. Name of child at death | 214. Date of death | 215. Cause of death | 216. Manner of death |
| 217. State or County of father's birth | 218. State or County of mother's birth | 219. Name of father | 220. Name of mother |
| 221. Name of child at death | 222. Date of death | 223. Cause of death | 224. Manner of death |
| 225. State or County of father's birth | 226. State or County of mother's birth | 227. Name of father | 228. Name of mother |
| 229. Name of child at death | 230. Date of death | 231. Cause of death | 232. Manner of death |
| 233. State or County of father's birth | 234. State or County of mother's birth | 235. Name of father | 236. Name of mother |
| 237. Name of child at death | 238. Date of death | 239. Cause of death | 240. Manner of death |
| 241. State or County of father's birth | 242. State or County of mother's birth | 243. Name of father | 244. Name of mother |
| 245. Name of child at death | 246. Date of death | 247. Cause of death | 248. Manner of death |
| 249. State or County of father's birth | 250. State or County of mother's birth | 251. Name of father | 252. Name of mother |
| 253. Name of child at death | 254. Date of death | 255. Cause of death | 256. Manner of death |
| 257. State or County of father's birth | 258. State or County of mother's birth | 259. Name of father | 260. Name of mother |
| 261. Name of child at death | 262. Date of death | 263. Cause of death | 264. Manner of death |
| 265. State or County of father's birth | 266. State or County of mother's birth | 267. Name of father | 268. Name of mother |
| 269. Name of child at death | 270. Date of death | 271. Cause of death | 272. Manner of death |
| 273. State or County of father's birth | 274. State or County of mother's birth | 275. Name of father | 276. Name of mother |
| 277. Name of child at death | 278. Date of death | 279. Cause of death | 280. Manner of death |
| 281. State or County of father's birth | 282. State or County of mother's birth | 283. Name of father | 284. Name of mother |
| 285. Name of child at death | 286. Date of death | 287. Cause of death | 288. Manner of death |
| 289. State or County of father's birth | 290. State or County of mother's birth | 291. Name of father | 292. Name of mother |
| 293. Name of child at death | 294. Date of death | 295. Cause of death | 296. Manner of death |
| 297. State or County of father's birth | 298. State or County of mother's birth | 299. Name of father | 300. Name of mother |



363-123-010-858

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-105

| | | | | | | |
|--|--|------------------------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Joseph Charles Tolley | | | | 2. Date (month) (day) (year)
Of Birth September 23, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Bonneville | | b. City or Town of Birth
Willow Creek | |
| FATHER | 6. Full Name of Father
Isaac Butrum Tolley | | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Alvira Maud Heyrend | | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Joseph Charles Tolley | |
| NOTARY (Seal) | Subscribed and sworn to before me on Feb 3 1962 | | | | 11. Present Address of Registrant
Ida Falls, Ida | |
| | 12. Signature of Notary
John B Rogers | | | | 13. Notary Commission expires
My Commission expires Jan. 16, 1965 19 | |
| APPLICANT DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
own child's birth certificate | | By whom issued and signed
File No. 166286, Idaho | | Date issued
----- | Date Orig. Entry
born Nov. 6, 1928 |
| | Date of Birth
Age: 30 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
affidavit by neighbor at time of birth | | By whom issued and signed
Eunice Catherine Smith | | Date issued
Jan. 27, 1962 | Date Orig. Entry
--- |
| | Date of Birth
Sept. 23, 1898 | Birth Place
Willow Creek, Idaho | Full Name of Mother
Alvira Maud Heyrend | | Name of Father
Isaac B. Tolley | |
| SUPPORTING
RECORD 3- | Type of Document
church certificate of membership | | By whom issued and signed
LDS CHURCH, Salt Lake City, Utah | | Date issued
Dec. 14, 1961 | Date Orig. Entry
baptized Sept. 1, 1907 |
| | Date of Birth
Sept. 23, 1898 | Birth Place
Willow Creek, Idaho | Full Name of Mother
Alvira Maud Heyrend | | Name of Father
Isaac B. Tolley | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
sm Shirley Miller | | Date Filed
Feb. 6, 1962 | |

FEB 6 1962

[illegible]

DELAIDED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-119

| | | | | | | |
|---|---|------------------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Arthur Edward Craig</i> | | | 2. Date (month) (day) (year)
Of <i>November 28</i> <i>1898</i>
Birth | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth a. County
<i>Pocatello, Idaho Bonrock</i> | | b. City or Town of Birth
<i>Pocatello</i> | |
| FATHER | 6. Full Name of Father
<i>Edward E. Craig</i> | | | 7. State or Country of Father's Birth
<i>Arizona Phoenix</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Margaret L. Taylor</i> | | | 9. State or Country of Mother's Birth
<i>Nevada Carson City</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the
above statements are true to the
best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Arthur Edward Craig</i> | | 11. Present Address of Registrant
<i>7419 SE. Reedway Portland 6, Ore.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on

<i>February 1</i> 19 <i>62</i> | | | 12. Signature of Notary
<i>H. H. Baker</i>
Notary Public for Oregon | | 13. Notary Commission expires
December 14, 19 <i>64</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|---------------------------------|--|-----------------------------------|--------------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Statement regarding employ-
ment | | By whom issued and signed
R. L. Olson, District Manager
General Mills | Date Issued
Jan. 22,
1962 | Date Orig. Entry
July 6,
1921 |
| | Date of Birth
Nov. 28,
1898 | Birth Place
--- | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 2- | Type of Document
statement regarding lodge
record | | By whom issued and signed
South Gate Lodge No. 182
Enoch B. Carlson, Secretary | Date Issued
Jan. 26,
1962 | Date Orig. Entry
June 27,
1944 |
| | Date of Birth
Nov. 28,
1898 | Birth Place
Pocatello, Idaho | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by sister
Age: 73 | | By whom issued and signed
Katheryn Craig La De Route | Date Issued
Feb. 7,
1962 | Date Orig. Entry
-- |
| | Date of Birth
Nov. 28,
1898 | Birth Place
Pocatello, Idaho | Full Name of Mother
Margaret L. Taylor | Name of Father
Edward E. Craig | |

QUALIFYING INFORMATION

| | | | |
|--|--|---|--|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar

W. W. Benson | Evidence reviewed by

sm Shirley Miller | |

366-117-006-383

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-120

| | | | | | | | |
|--|---|-----------------------|---|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
PHINAS LEO COOK | | | | 2. Date (month) (day) (year)
Of Birth APRIL - 17 - 1898 | | |
| | 3. Color or Race
A/W | 4. Sex
MALE | 5. Place of Birth
WILLOW CREEK, BINGHAM | | 6. City or Town of Birth
WILLOW CREEK | | |
| FATHER | 6. Full Name of Father
PHINAS MELVIN COOK | | | | 7. State or Country of Father's Birth
ST. CHARLES IDAHO | | |
| MOTHER | 8. Full Maiden Name of Mother
RUTH TYLER | | | | 9. State or Country of Mother's Birth
HEBRON UTAH | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Phineas Leo Cook</i> | | 11. Present Address of Registrant
<i>Box #1 Bigby Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Jan. 17 1962</i> | | | | 12. Signature of Notary
<i>William M. Seal</i> | | 13. Notary Commission expires
<i>Aug. 24 1962</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|--------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Ordination to Deacon, No. 14. | | By whom issued and signed
L.D.S CHURCH, Garfield Ward
C. Mugleston, Clerk | | Date Issued
Dec. 6,
1912 | Date Orig. Entry
Baptized
June 30, 1906 |
| | Date of Birth
April 17,
1898 | Birth Place
Willow Creek,
Bingham Co., Idaho | Full Name of Mother
Ruth Tyler | | Name of Father
Pineas Melvin Cook | |
| SUPPORTING
RECORD 2- | Type of Document
own child's birth certificate | | By whom issued and signed
File No. 128016, Idaho | | Date Issued
----- | Date Orig. Entry
born
Sept. 21, 1924 |
| | Date of Birth
Age: 26 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
statement regarding hospital record | | By whom issued and signed
Idaho Falls LDS Hospital | | Date Issued
Feb. 7,
1962 | Date Orig. Entry
Dec. 12,
1953 |
| | Date of Birth
Age: 55 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar

W. W. Benson | | Evidence reviewed by

sm Shirley Miller | | Date Filed

Feb. 9, 1962 | |

FEB 12 1962

STATE OF IDAHO
 DELAYED CERTIFICATE OF BIRTH

15-00-303

| | | | | | | | | | | | |
|-----------------------------------|--|-----------------------------|--|-------------------------|--|-------------------------|--|-------------------------|--|-------------------------|--|
| 1. Name of child | | 2. Sex | | 3. Date of birth | | 4. Place of birth | | 5. Name of father | | 6. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 7. City or town of birth | | 8. State of birth | | 9. County of birth | | 10. Name of father | | 11. Name of mother | | 12. Name of father | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 13. Present address of registrant | | 14. Signature of registrant | | 15. Signature of father | | 16. Signature of mother | | 17. Signature of father | | 18. Signature of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |

| | | | | | | | | | | | |
|--------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|--------------------|--|
| 19. Name of father | | 20. Name of mother | | 21. Name of father | | 22. Name of mother | | 23. Name of father | | 24. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 25. Date of birth | | 26. Date of birth | | 27. Date of birth | | 28. Date of birth | | 29. Date of birth | | 30. Date of birth | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |
| 31. Name of father | | 32. Name of mother | | 33. Name of father | | 34. Name of mother | | 35. Name of father | | 36. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | | [illegible] | |

37. Name of father

38. Name of mother

39. Date of birth

40. Date of birth

41. Name of father

42. Name of mother

43. Date of birth

44. Date of birth

45. Name of father

46. Name of mother

47. Date of birth

48. Date of birth

49. Name of father

50. Name of mother

51. Date of birth

52. Date of birth

53. Name of father

54. Name of mother

55. Date of birth

56. Date of birth

57. Name of father

58. Name of mother

59. Date of birth

60. Date of birth

61. Name of father

62. Name of mother

63. Date of birth

64. Date of birth

65. Name of father

66. Name of mother

67. Date of birth

68. Date of birth

69. Name of father

70. Name of mother

71. Date of birth

72. Date of birth

73. Name of father

74. Name of mother

75. Date of birth

76. Date of birth

77. Name of father

78. Name of mother

79. Date of birth

80. Date of birth

81. Name of father

82. Name of mother

83. Date of birth

84. Date of birth

85. Name of father

86. Name of mother

87. Date of birth

88. Date of birth

89. Name of father

90. Name of mother

91. Date of birth

92. Date of birth

93. Name of father

94. Name of mother

95. Date of birth

96. Date of birth

97. Name of father

98. Name of mother

99. Date of birth

100. Date of birth

713-204-029-258 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De-62-176
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|------------------|---|--|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
MARGARET ELIZA PALMER | | | | 2. Date (month) (day) (year)
Of Birth Nov. 4 1898 | |
| | 3. Color or Race
white | 4. Sex
female | 5. Place of Birth a. County
MOSCOW Idaho Latah | | b. City or Town of Birth
Moscow, Idaho | |
| FATHER | 6. Full Name of Father
CHARLES CURTIS PALMER | | | | 7. State or Country of Father's Birth
Nebraska | |
| MOTHER | 8. Full Maiden Name of Mother
JANE KEYS | | | | 9. State or Country of Mother's Birth
Wellington, Ontario, Canada | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Margaret Eliza Palmer</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 22nd 19 62 | | | | 11. Present Address of Registrant
R.R.1, Cedarville, Ont | |
| | | | | | 12. Signature of Notary
<i>R. E. Jallio</i>
in and for the Province of Ontario | |
| | | | | | 13. Notary Commission expires
at death 196 | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|------------------------------|--|--|------------------------------------|
| SUPPORTING RECORD 1. | Type of Document
affidavit by mother | | By whom issued and signed
Jane Palmer | | Date issued
July 28, 1954 |
| | Date of Birth
Nov. 4, 1898 | Birth Place
Moscow, Idaho | Full Name of Mother
Jane Palmer | | Date Orig. Entry
--- |
| SUPPORTING RECORD 2. | Type of Document
certified photo copy of marriage record | | By whom issued and signed
W.C. N. Reed, Director of Vital Statistics, Regina, Sas | | Date issued
March 1, 1956 |
| | Date of Birth
Age: 19 | Birth Place
Idaho | Full Name of Mother
Jane Kees | | Date Orig. Entry
March 26, 1918 |
| SUPPORTING RECORD 3. | Type of Document
Census Record | | By whom issued and signed
U. S. Bureau of the Census Washington, D.C. | | Date issued
May 26, 1956 |
| | Date of Birth
Age: 11 | Birth Place
Idaho | Full Name of Mother
Jennie Palmer | | Date Orig. Entry
April 15, 1910 |
| QUALIFYING INFORMATION | | | | | Name of Father
Charles Palmer |
| | | | | | |

| | | | |
|-------------------------------------|--|--|-----------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Shirley Miller | Date Filed
Feb. 28, 1962 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

APR 12 1962

1954年11月11日

March 2 1946

NAME OF THE PARTY: [illegible]

10-10-68

STATE DEPT

1954年10月1日

U. S. DEPARTMENT OF AGRICULTURE

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2000 年 12 月 10 日

100-443887-100

Page 10

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1950

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THE UNIVERSITY OF CHICAGO

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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693-124-010-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-192

| | | | | | |
|--|--|--|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Oscar Favorite Willey | | | 2. Date (month) (day) (year)
Of Birth August 24 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Idaho Falls, Bonnerville | b. City or Town of Birth
Idaho Falls | |
| FATHER | 6. Full Name of Father
Victor Allen Willey | | | 7. State or Country of Father's Birth
Iowa | |
| MOTHER | 8. Full Maiden Name of Mother
Mattie Favorite Morrison | | | 9. State or Country of Mother's Birth
Nebraska | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Oscar F. Willey</i> | 11. Present Address of Registrant
728 Nash Ave
Menlo Park, Calif. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 27 1962</i> | | | 12. Signature of Notary
<i>Juanita P. Baker</i> | 13. Notary Commission expires
JUANITA P. BAKER, Notary Public
In and for the State of California, with principal office
in the County of Santa Clara
My Commission Expires March 10, 1963 |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
affidavit by cousin, age 74 | | By whom issued and signed
Miss Carrie M. Beam | | Date issued
Feb. 27, 1962 |
| | Date of Birth
Aug. 24 1898 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
Mattie Favorite Morrison | | Name of Father
Victor Allen Willey |
| SUPPORTING
RECORD 2- | Type of Document
Designation of Beneficiary
Duplicate | | By whom issued and signed
U.S. Civil Service Commission | | Date issued
Nov. 22, 1934 |
| | Date of Birth
Aug. 24, 1898 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
----- | | Name of Father
Victor A. Willey |
| SUPPORTING
RECORD 3- | Type of Document
Radio Operator's License,
Commercial, No. 1036 | | By whom issued and signed
U.S. Department of Commerce
Bureau of Navigation | | Date issued
Feb. 3, 1922 |
| | Date of Birth
Aug. 24, 1898 | Birth Place
Idaho Falls, Idaho | Full Name of Mother
----- | | Date Orig. Entry
Feb. 1, 1922 |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Shirley Miller | | Date Filed
Mar. 5, 1962 |

MAR 6 1962

DEPARTMENT OF STATE
BUREAU OF CONSULAR AFFAIRS

| | | | | | | | |
|-------------------------------|--|----------------------------|--|-------------------------|--|-----------------------|--|
| 1. NAME (Last, First, Middle) | | 2. DATE OF BIRTH | | 3. PLACE OF BIRTH | | 4. NATIONALITY | |
| 5. PRESENT ADDRESS | | 6. DATE OF ENTRY INTO U.S. | | 7. PURPOSE OF VISIT | | 8. EXPIRATION DATE | |
| 9. SIGNATURE | | 10. PHOTOGRAPH | | 11. EMPLOYER | | 12. EDUCATION | |
| 13. MARITAL STATUS | | 14. RELIGION | | 15. POLITICAL OPINION | | 16. CRIMINAL RECORD | |
| 17. EMPLOYMENT HISTORY | | 18. TRAVEL HISTORY | | 19. FINANCIAL STATEMENT | | 20. OTHER INFORMATION | |

243-231-029-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-209

| | | | | | | |
|--|---|-------------------------|---|-------------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Nellie Elaine Buckles</i> | | | | 2. Date of Birth (month) (day) (year)
<i>August 31 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Lewiston, Idaho</i> | a. County
<i>Latah Co.</i> | b. City or Town of Birth
<i>Lewiston, Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Thomas Jefferson Buckles</i> | | | | 7. State or Country of Father's Birth
<i>Hardin Co., Kentucky</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Elma Elizabeth Buckles</i> | | | | 9. State or Country of Mother's Birth
<i>Oregon</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Nellie Elaine Buckles</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Dec. 28, 1961</i> | | | | 11. Present Address of Registrant
<i>Helix, Wash.</i> | |
| | 12. Signature of Notary
<i>Elma A. Hackett</i> | | | | 13. Notary Commission expires
<i>May 7, 1962</i> | |

| SUPPORTING RECORD 1- | | Type of Document
affidavit by mother | | By whom issued and signed
Elma Elizabeth Buckles | | Date issued
Dec. 28, 1961 | | Date Orig. Entry
--- | | |
|----------------------------------|--|--|--------------------------------|---|--|---------------------------------|--|------------------------------------|--|--|
| | | Date of Birth
Aug. 31, 1898 | Birth Place
Lewiston, Idaho | Full Name of Mother
Elma Elizabeth Buckles | | Name of Father
----- | | | | |
| SUPPORTING RECORD 2- | | Type of Document
photo copy of school record | | By whom issued and signed
Lewiston Senior High School
Lewiston, Idaho | | Date issued
Jan. 10, 1962 | | Date Orig. Entry
Sept. 10, 1917 | | |
| | | Date of Birth
Aug. 31, 1898 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
T. J. Buckles | | | | |
| SUPPORTING RECORD 3- | | Type of Document
statement regarding insurance policy | | By whom issued and signed
M. F. Gesirich,
Mutual Of Omaha | | Date issued
Mar. 1, 1962 | | Date Orig. Entry
May 11, 1954 | | |
| | | Date of Birth
Aug. 31, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | | | | |
| QUALIFYING INFORMATION | | | | | | | | | | |
| REGISTRAR'S CERTIFICATION (seal) | | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | | | |
| | | State Registrar
W. W. Benson | | | Evidence reviewed by
Shirley Miller | | | Date Filed
Mar. 9, 1962 | | |

DECEASED CERTIFICATE OF BIRTH STATE OF IOWA

MAR 12 1962

| | | | |
|----------------------------------|--|-----------------------------------|--|
| <p>1. Name of child at birth</p> | | <p>2. Date of birth</p> | |
| <p>3. Place of birth</p> | | <p>4. Name of father</p> | |
| <p>5. Name of mother</p> | | <p>6. Date of death</p> | |
| <p>7. Name of informant</p> | | <p>8. Address of informant</p> | |
| <p>9. Signature of informant</p> | | <p>10. Signature of registrar</p> | |
| <p>11. Date of registration</p> | | <p>12. Office of registrar</p> | |

| | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <p>13. Name of child at birth</p> | <p>14. Date of birth</p> | <p>15. Name of father</p> | <p>16. Name of mother</p> |
| <p>17. Name of informant</p> | <p>18. Address of informant</p> | <p>19. Signature of informant</p> | <p>20. Signature of registrar</p> |
| <p>21. Date of registration</p> | <p>22. Office of registrar</p> | <p>23. Name of child at birth</p> | <p>24. Date of birth</p> |
| <p>25. Name of father</p> | <p>26. Name of mother</p> | <p>27. Name of informant</p> | <p>28. Address of informant</p> |
| <p>29. Signature of informant</p> | <p>30. Signature of registrar</p> | <p>31. Date of registration</p> | <p>32. Office of registrar</p> |

13-10-62



331-201-076-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

373

State File No. De 62-373

| | | | | | | | |
|--|---|-------------------------|------------------------------------|-----------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Venora Clark</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Dec.</u> <u>1</u> <u>1898</u> | | |
| | 3. Color or Race
<u>white</u> | 4. Sex
<u>Female</u> | 5. Place of Birth
<u>Cassia</u> | a. County | b. City or Town of Birth <u>Oakley</u> state <u>Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>George Micklewright Clark</u> | | | | 7. State or Country of Father's Birth
<u>Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Francis Whittle</u> | | | | 9. State or Country of Mother's Birth
<u>Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Venora Clark</u> | | 11. Present Address of Registrant
<u>426 Broadway</u>
<u>Buhl Idaho</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>February 23</u> 19 <u>62</u> | | | | 12. Signature of Notary
<u>Louella H. Detmer</u> | | 13. Notary Commission expires
<u>1/21/63</u> 19 <u> </u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<u>Own child's birth certificate</u> | | By whom issued and signed
<u>File # 65949</u> | Date issued
<u>-----</u> | Date Orig. Entry
<u>December 7,</u>
<u>1918</u> |
| | Date of Birth
<u>Age 20</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>-----</u> | Name of Father
<u>-----</u> | |
| SUPPORTING
RECORD 2. | Type of Document
<u>Insurance Policy</u> | | By whom issued and signed
<u>The Prudential Ins. Co.</u>
<u>Newark, N.J.</u> | Date issued
<u>March 30</u>
<u>1945</u> | Date Orig. Entry
<u>March 30,</u>
<u>1945</u> |
| | Date of Birth
<u>December 1,</u>
<u>1898</u> | Birth Place
<u>-----</u> | Full Name of Mother
<u>-----</u> | Name of Father
<u>-----</u> | |
| SUPPORTING
RECORD 3. | Type of Document
<u>Church Record</u> | | By whom issued and signed
<u>Cassia Stake, Oakley Ward</u> | Date issued
<u>March 6,</u>
<u>1962</u> | Date Orig. Entry
<u>February 5,</u>
<u>1899</u> |
| | Date of Birth
<u>December 1,</u>
<u>1898</u> | Birth Place
<u>Oakley, Cassia</u>
<u>County, Idaho</u> | Full Name of Mother
<u>Mary F. Whittle</u> | Name of Father
<u>George Clark</u> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

ec

Elaine Coy

Date Filed

May 7, 1962

864-126-022-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-402

| | | | | | | |
|--|---|-----------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Lester Young | | | 2. Date of Birth
(month) (day) (year)
Sept 26 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
St. Anthony | a. County
Fremont
City or mailing address
Twin Groves (St. Anthony) | | |
| FATHER | 6. Full Name of Father
Stillmon Young | | | 7. State or Country of Father's Birth
Minnesota | | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Jane Clark Young | | | 9. State or Country of Mother's Birth
Logan Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Lester Young</i> | | 11. Present Address of Registrant
St. Anthony, Idaho # 1 |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 9 19 62 | | | 12. Signature of Notary
<i>La Monte Bauer</i>
Clerk of District Court | | 13. Notary Commission expires
elective 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
statement regarding school
census record | | By whom issued and signed
La Monte Bauer, Clerk of
District Court | | Date issued
Feb. 12,
1962 | Date Orig. Entry
Sept. 1907 |
| | Date of Birth
Age: 9 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
Stillmon Young | |
| SUPPORTING
RECORD 2. | Type of Document
affidavit by neighbor at
time of birth, age: 77 | | By whom issued and signed
Salina Richards | | Date issued
May 4,
1962 | Date Orig. Entry
----- |
| | Date of Birth
Sept. 26,
1898 | Birth Place
Twin Groves, Idaho | Full Name of Mother
Elizabeth Jane Clark | | Name of Father
Stillmon Young | |
| SUPPORTING
RECORD 3. | Type of Document
statement regarding church
record | | By whom issued and signed
Wm. H. Huskinson, Bishop, LDS
Church, Twin Groves Ward | | Date issued
May 15,
1962 | Date Orig. Entry
Nov. 1, 1898 |
| | Date of Birth
Sept. 26,
1898 | Birth Place
Twin Groves, Idaho | Full Name of Mother
Elizabeth Jane Clark | | Name of Father
Stillmon Young | |

QUALIFYING INFORMATION
certified copy of marriage license affidavit. **La Monte Bauer, Clerk of the District Court. Feb. 12, 1962 Mar. 20, 1928. Age 29.**

| | | | | | | |
|--|--|--|---|--|-----------------------------------|--|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
sm sm Shirley Miller | | Date Filed
May 17, 1962 | |

MAY 17 1962

DELETED CERTIFICATE OF BIRTH

STATE OF TEXAS

YOU

| | | | |
|------------------------------------|--------------------------|---------------------------|------------------------------------|
| <p>1. Name of child at birth</p> | <p>2. Date of birth</p> | <p>3. Place of birth</p> | <p>4. Name of mother at birth</p> |
| <p>5. Name of father at birth</p> | <p>6. Date of birth</p> | <p>7. Place of birth</p> | <p>8. Name of mother at birth</p> |
| <p>9. Name of father at birth</p> | <p>10. Date of birth</p> | <p>11. Place of birth</p> | <p>12. Name of mother at birth</p> |
| <p>13. Name of father at birth</p> | <p>14. Date of birth</p> | <p>15. Place of birth</p> | <p>16. Name of mother at birth</p> |
| <p>17. Name of father at birth</p> | <p>18. Date of birth</p> | <p>19. Place of birth</p> | <p>20. Name of mother at birth</p> |
| <p>21. Name of father at birth</p> | <p>22. Date of birth</p> | <p>23. Place of birth</p> | <p>24. Name of mother at birth</p> |
| <p>25. Name of father at birth</p> | <p>26. Date of birth</p> | <p>27. Place of birth</p> | <p>28. Name of mother at birth</p> |
| <p>29. Name of father at birth</p> | <p>30. Date of birth</p> | <p>31. Place of birth</p> | <p>32. Name of mother at birth</p> |
| <p>33. Name of father at birth</p> | <p>34. Date of birth</p> | <p>35. Place of birth</p> | <p>36. Name of mother at birth</p> |
| <p>37. Name of father at birth</p> | <p>38. Date of birth</p> | <p>39. Place of birth</p> | <p>40. Name of mother at birth</p> |
| <p>41. Name of father at birth</p> | <p>42. Date of birth</p> | <p>43. Place of birth</p> | <p>44. Name of mother at birth</p> |
| <p>45. Name of father at birth</p> | <p>46. Date of birth</p> | <p>47. Place of birth</p> | <p>48. Name of mother at birth</p> |
| <p>49. Name of father at birth</p> | <p>50. Date of birth</p> | <p>51. Place of birth</p> | <p>52. Name of mother at birth</p> |
| <p>53. Name of father at birth</p> | <p>54. Date of birth</p> | <p>55. Place of birth</p> | <p>56. Name of mother at birth</p> |
| <p>57. Name of father at birth</p> | <p>58. Date of birth</p> | <p>59. Place of birth</p> | <p>60. Name of mother at birth</p> |
| <p>61. Name of father at birth</p> | <p>62. Date of birth</p> | <p>63. Place of birth</p> | <p>64. Name of mother at birth</p> |
| <p>65. Name of father at birth</p> | <p>66. Date of birth</p> | <p>67. Place of birth</p> | <p>68. Name of mother at birth</p> |
| <p>69. Name of father at birth</p> | <p>70. Date of birth</p> | <p>71. Place of birth</p> | <p>72. Name of mother at birth</p> |

255-117-028-289

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-423

| | | | | | | | |
|--|---|-----------------------|---|------------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Harry Roy Benham | | | | 2. Date (month) (day) (year)
Of Birth April 17 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Near Post Falls | a. County
Kootenai | b. City or Town of Birth
Idaho | | |
| FATHER | 6. Full Name of Father
Curtis A Benham | | | | 7. State or Country of Father's Birth
New York State | | |
| MOTHER | 8. Full Maiden Name of Mother
Nellie E Shields | | | | 9. State or Country of Mother's Birth
Iowa State | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Harry Roy Benham | | 11. Present Address of Registrant
797 E 13 St. Idaho Falls |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 17 1962 | | | | 12. Signature of Notary
Helen L. Anderson | | 13. Notary Commission expires
July 23 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|----------------------------------|--|--|------------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document
own child's birth certificate | | By whom issued and signed
File No. 185479, Idaho | | Date issued
----- | Date Orig. Entry
child born
Sept, 29, 1930 |
| | Date of Birth
Age: 32 | Birth Place
Post Falls, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
affidavit by parents | | By whom issued and signed
Curtis A. Benham
Nellie E. Benham | | Date issued
Dec. 6, 1924 | Date Orig. Entry
----- |
| | Date of Birth
April 17, 1898 | Birth Place
Post Falls, Idaho | Full Name of Mother
Nellie E. Shields Benham | | Name of Father
Curtis A. Benham | |
| SUPPORTING RECORD 3. | Type of Document
Record of Retirement Deductions | | By whom issued and signed
Regional Controller
Retirement Section | | Date issued
June 1, 1926 | Date Orig. Entry
June 1, 1926 |
| | Date of Birth
April 17, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|-------------------------------------|---|----------------------------|
| State Registrar
W. Benham | Evidence reviewed by
SM Shirley Miller | Date Filed
May 25, 1962 |
|-------------------------------------|---|----------------------------|

5-22-1962

MAY 25 1962

| | | |
|--|--|--|
| <p>1. Name of the person or organization</p> <p>2. Address</p> <p>3. City</p> <p>4. State</p> <p>5. Zip</p> <p>6. Country</p> <p>7. Telephone</p> <p>8. Fax</p> <p>9. E-mail</p> <p>10. Website</p> <p>11. Other</p> | <p>1. Name of the person or organization</p> <p>2. Address</p> <p>3. City</p> <p>4. State</p> <p>5. Zip</p> <p>6. Country</p> <p>7. Telephone</p> <p>8. Fax</p> <p>9. E-mail</p> <p>10. Website</p> <p>11. Other</p> | <p>1. Name of the person or organization</p> <p>2. Address</p> <p>3. City</p> <p>4. State</p> <p>5. Zip</p> <p>6. Country</p> <p>7. Telephone</p> <p>8. Fax</p> <p>9. E-mail</p> <p>10. Website</p> <p>11. Other</p> |
|--|--|--|

[illegible]

1. The first part of the document is a letter from the Director of the Bureau of the Census to the Director of the Bureau of the Interior. The letter is dated 10/10/50 and is addressed to the Director of the Bureau of the Interior, Washington, D.C. The letter is signed by the Director of the Bureau of the Census, Washington, D.C.

2. The second part of the document is a letter from the Director of the Bureau of the Interior to the Director of the Bureau of the Census. The letter is dated 10/10/50 and is addressed to the Director of the Bureau of the Census, Washington, D.C. The letter is signed by the Director of the Bureau of the Interior, Washington, D.C.

3. The third part of the document is a letter from the Director of the Bureau of the Census to the Director of the Bureau of the Interior. The letter is dated 10/10/50 and is addressed to the Director of the Bureau of the Interior, Washington, D.C. The letter is signed by the Director of the Bureau of the Census, Washington, D.C.

4. The fourth part of the document is a letter from the Director of the Bureau of the Interior to the Director of the Bureau of the Census. The letter is dated 10/10/50 and is addressed to the Director of the Bureau of the Census, Washington, D.C. The letter is signed by the Director of the Bureau of the Interior, Washington, D.C.

5. The fifth part of the document is a letter from the Director of the Bureau of the Census to the Director of the Bureau of the Interior. The letter is dated 10/10/50 and is addressed to the Director of the Bureau of the Interior, Washington, D.C. The letter is signed by the Director of the Bureau of the Census, Washington, D.C.

231-114-003-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-438

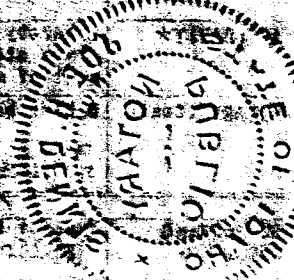
| | | | | | | |
|--|---|-----------------------|-----------------------------------|-----------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ronald Dewey Stalker</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Sept. 14 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Perry</i> | a. County
<i>Bennett</i> | b. City or Town and mailing address
<i>Perry (Bennett Co.) Idaho (Cleveland)</i> | |
| FATHER | 6. Full Name of Father
<i>Sardius Smith Stalker</i> | | | | 7. State or Country of Father's Birth
<i>Franklin Idaho</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Lora Kelly</i> | | | | 9. State or Country of Mother's Birth
<i>Springville Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ronald Dewey Stalker</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>25 day of May 1962</i> | | | | 11. Present Address of Registrant
<i>718 Airport Road Blackfoot, Idaho</i> | |
| | | | | | 12. Signature of Notary
<i>Joe H. Dennis</i> | |
| | | | | | 13. Notary Commission expires
<i>Sept. 1 1964</i> | |

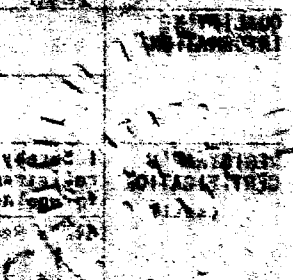
APPLICANT—DO NOT WRITE BELOW THIS LINE


| | | | | | |
|--|--|---------------------------------|--|-----------------------------------|----------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
application for life Insurance | | By whom issued and signed
Idaho Mutual Benefit Assoc. | Date issued
----- | Date Orig. Entry
May 29, 1946 |
| | Date of Birth
Sept. 14, 1898 | Birth Place
Cleveland, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Census Record | | By whom issued and signed
U.S. Bureau of the Census | Date issued
Mar. 28, 1952 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Age: 1 | Birth Place
Idaho | Full Name of Mother
Dora Stalker | Name of Father
S. S. Stalker | |
| SUPPORTING
RECORD 3. | Type of Document
affidavit by uncle, 21 years older | | By whom issued and signed
Joseph B. Stalker | Date issued
May 25, 1962 | Date Orig. Entry
----- |
| | Date of Birth
Sept. 14, 1898 | Birth Place
Perry, Idaho | Full Name of Mother
----- | Name of Father
Sardius Stalker | |
| QUALIFYING
INFORMATION | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Shirley Miller | Date Filed
May 31, 1962 | |

DECEASED CERTIFICATE OF BIRTH STATE OF IDAHO

JUN 5 1962

| | | | |
|--|--|--|--|
| 1. Name of child at birth
_____ | | 2. Sex of child
_____ | |
| 3. Date of birth
_____ | | 4. Place of birth
_____ | |
| 5. Name of mother
_____ | | 6. Name of father
_____ | |
| 7. Address of mother at time of birth
_____ | | 8. Address of father at time of birth
_____ | |
| 9. Name of hospital or institution where born
_____ | | 10. Name of physician or midwife
_____ | |
| 11. Signature of mother
_____ | | 12. Signature of father
_____ | |
| 13. Signature of registrar
_____ | | 14. Seal of Registrar
 | |

| | | | |
|---|--|--|--|
| 15. Name of child at birth
_____ | | 16. Sex of child
_____ | |
| 17. Date of birth
_____ | | 18. Place of birth
_____ | |
| 19. Name of mother
_____ | | 20. Name of father
_____ | |
| 21. Address of mother at time of birth
_____ | | 22. Address of father at time of birth
_____ | |
| 23. Name of hospital or institution where born
_____ | | 24. Name of physician or midwife
_____ | |
| 25. Signature of mother
_____ | | 26. Signature of father
_____ | |
| 27. Signature of registrar
_____ | | 28. Seal of Registrar
 | |

| | | | |
|---|--|--|--|
| 29. Name of child at birth
_____ | | 30. Sex of child
_____ | |
| 31. Date of birth
_____ | | 32. Place of birth
_____ | |
| 33. Name of mother
_____ | | 34. Name of father
_____ | |
| 35. Address of mother at time of birth
_____ | | 36. Address of father at time of birth
_____ | |
| 37. Name of hospital or institution where born
_____ | | 38. Name of physician or midwife
_____ | |
| 39. Signature of mother
_____ | | 40. Signature of father
_____ | |
| 41. Signature of registrar
_____ | | 42. Seal of Registrar
 | |

236-108-004-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-456

| | | | | | | |
|--|---|-----------------------|---------------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Aaron Alexander Stowell | | | 2. Date (month) (day) (year)
Of Birth April 8 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Bear Lake | a. County
Bear Lake | | |
| FATHER | 6. Full Name of Father
Alexander Stowell | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ann Williams | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Aaron Alexander Stowell</i> | | 11. Present Address of Registrant
<i>340 Hillview Lane Redwood City</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 29th 1962</i> | | | 12. Signature of Notary
<i>Marta Gorch</i> | | 13. Notary Commission expires
<i>11/6 1969</i> |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|--|--|--|--|--|--|
| SUPPORTING
RECORD 1. | Type of Document
affidavit by aunt | | By whom issued and signed
Cora Jane Hodges age 75 | | Date issued
Oct. 24, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Apr. 8, 1898 | Birth Place
Bear Lake Nounan, Idaho | Full Name of Mother
Mary Ann Williams | | Name of Father
Alexander Stowell | |
| SUPPORTING
RECORD 2. | Type of Document
certified copy of marriage information | | By whom issued and signed
Ruth Nye, Deputy Recorder | | Date issued
Dec. 13, 1961 | Date Orig. Entry
July 26, 1921 |
| | Date of Birth
Age: 23 | Birth Place
Nounan, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
application for insurance | | By whom issued and signed
Idaho State Life Insurance Company | | Date issued
----- | Date Orig. Entry
Aug. 10, 1921 |
| | Date of Birth
April 8, 1898 | Birth Place
Nounan, Idaho Bear Lake County | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
PW Shirley Miller | | Date Filed
June 6, 1962 | |

981-224-044-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-508

| | | | | | | | |
|--|---|--------------------|--|--------------------------------|--------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Mary Louise Ryan</i> | | | | | 2. Date (month) (day) (year)
Birth <i>June 24 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Weiser Ida Wash.</i> | 6. County
<i>Washington</i> | 7. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<i>Michael L Ryan</i> | | | | | 7. State or Country of Father's Birth
<i>Creston City Iowa</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Teresa Burke</i> | | | | | 9. State or Country of Mother's Birth
<i>London Ontario Canada</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Mary L Lodge</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 19 1962</i> | | | | | 11. Present Address of Registrant
<i>Caldwell Idaho</i> | |
| | 12. Signature of Notary
<i>William M. Dodge</i> | | | | | 13. Notary Commission expires
<i>March 26 1966</i> | |

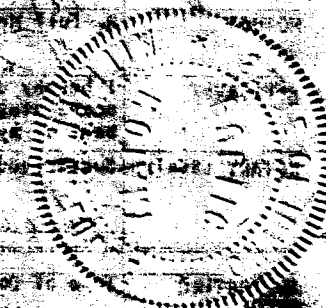
APPLICANT— DO NOT WRITE BELOW THIS LINE

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|--|--|---|---|--|-----------------------------------|---|
| SUPPORTING
RECORD 1 | Type of Document
own child's birth certificate | | By whom issued and signed
File No. 258940, Idaho | | Date issued
----- | Date Orig. Entry
child born
Sept. 1, 1937 |
| | Date of Birth
Age: 39 | Birth Place
Weiser, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2 | Type of Document
application for insurance | | By whom issued and signed
The Equitable Life Assurance
Society of the United States | | Date issued
----- | Date Orig. Entry
Dec. 30, 1922 |
| | Date of Birth
June 24,
1898 | Birth Place
Weiser, Idaho
Washington County | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3 | Type of Document
affidavit by neighbor at
time of birth. | | By whom issued and signed
Same E. Ross | | Date issued
June 23,
1962 | Date Orig. Entry
----- |
| | Date of Birth
June 24,
1898 | Birth Place
Weiser, Idaho | Full Name of Mother
Teresa Burke Ryan | | Name of Father
Michael L. Ryan | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W W Jensen</i> | | Evidence reviewed by
Shirley Miller | | Date Filed
June 27, 1962 | |

DEPARTMENT OF JUSTICE BUREAU OF INVESTIGATION WASHINGTON, D. C. 20535

JUN 27 1962

| | | | | | |
|---|--|--------------------------------------|--|--|--|
| 1. Name of Person (Last, First, Middle) | | 2. Date of Birth (Month, Day, Year) | | 3. Place of Birth (City, State, Country) | |
| 4. Sex (Male, Female) | | 5. Race (White, Negro, Other) | | 6. Height (Feet, Inches) | |
| 7. Weight (Pounds) | | 8. Eyes (Blue, Brown, Other) | | 9. Hair (Black, Brown, Other) | |
| 10. Complexion (Fair, Ruddy, Other) | | 11. Scars, Marks, or Tattoos | | 12. Fingerprints (Left, Right) | |
| 13. Date of Admission to Institution | | 14. Date of Release from Institution | | 15. Name of Institution | |
| 16. Name of Prisoner | | 17. Date of Birth | | 18. Place of Birth | |
| 19. Sex | | 20. Race | | 21. Height | |
| 22. Weight | | 23. Eyes | | 24. Hair | |
| 25. Complexion | | 26. Scars, Marks, or Tattoos | | 27. Fingerprints | |
| 28. Date of Admission | | 29. Date of Release | | 30. Name of Institution | |
| 31. Name of Prisoner | | 32. Date of Birth | | 33. Place of Birth | |
| 34. Sex | | 35. Race | | 36. Height | |
| 37. Weight | | 38. Eyes | | 39. Hair | |
| 40. Complexion | | 41. Scars, Marks, or Tattoos | | 42. Fingerprints | |
| 43. Date of Admission | | 44. Date of Release | | 45. Name of Institution | |
| 46. Name of Prisoner | | 47. Date of Birth | | 48. Place of Birth | |
| 49. Sex | | 50. Race | | 51. Height | |
| 52. Weight | | 53. Eyes | | 54. Hair | |
| 55. Complexion | | 56. Scars, Marks, or Tattoos | | 57. Fingerprints | |
| 58. Date of Admission | | 59. Date of Release | | 60. Name of Institution | |
| 61. Name of Prisoner | | 62. Date of Birth | | 63. Place of Birth | |
| 64. Sex | | 65. Race | | 66. Height | |
| 67. Weight | | 68. Eyes | | 69. Hair | |
| 70. Complexion | | 71. Scars, Marks, or Tattoos | | 72. Fingerprints | |
| 73. Date of Admission | | 74. Date of Release | | 75. Name of Institution | |
| 76. Name of Prisoner | | 77. Date of Birth | | 78. Place of Birth | |
| 79. Sex | | 80. Race | | 81. Height | |
| 82. Weight | | 83. Eyes | | 84. Hair | |
| 85. Complexion | | 86. Scars, Marks, or Tattoos | | 87. Fingerprints | |
| 88. Date of Admission | | 89. Date of Release | | 90. Name of Institution | |
| 91. Name of Prisoner | | 92. Date of Birth | | 93. Place of Birth | |
| 94. Sex | | 95. Race | | 96. Height | |
| 97. Weight | | 98. Eyes | | 99. Hair | |
| 100. Complexion | | 101. Scars, Marks, or Tattoos | | 102. Fingerprints | |
| 103. Date of Admission | | 104. Date of Release | | 105. Name of Institution | |
| 106. Name of Prisoner | | 107. Date of Birth | | 108. Place of Birth | |
| 109. Sex | | 110. Race | | 111. Height | |
| 112. Weight | | 113. Eyes | | 114. Hair | |
| 115. Complexion | | 116. Scars, Marks, or Tattoos | | 117. Fingerprints | |
| 118. Date of Admission | | 119. Date of Release | | 120. Name of Institution | |



1. Name of Person (Last, First, Middle)
2. Date of Birth (Month, Day, Year)
3. Place of Birth (City, State, Country)
4. Sex (Male, Female)
5. Race (White, Negro, Other)
6. Height (Feet, Inches)
7. Weight (Pounds)
8. Eyes (Blue, Brown, Other)
9. Hair (Black, Brown, Other)
10. Complexion (Fair, Ruddy, Other)
11. Scars, Marks, or Tattoos
12. Fingerprints (Left, Right)
13. Date of Admission to Institution
14. Date of Release from Institution
15. Name of Institution
16. Name of Prisoner
17. Date of Birth
18. Place of Birth
19. Sex
20. Race
21. Height
22. Weight
23. Eyes
24. Hair
25. Complexion
26. Scars, Marks, or Tattoos
27. Fingerprints
28. Date of Admission
29. Date of Release
30. Name of Institution
31. Name of Prisoner
32. Date of Birth
33. Place of Birth
34. Sex
35. Race
36. Height
37. Weight
38. Eyes
39. Hair
40. Complexion
41. Scars, Marks, or Tattoos
42. Fingerprints
43. Date of Admission
44. Date of Release
45. Name of Institution
46. Name of Prisoner
47. Date of Birth
48. Place of Birth
49. Sex
50. Race
51. Height
52. Weight
53. Eyes
54. Hair
55. Complexion
56. Scars, Marks, or Tattoos
57. Fingerprints
58. Date of Admission
59. Date of Release
60. Name of Institution
61. Name of Prisoner
62. Date of Birth
63. Place of Birth
64. Sex
65. Race
66. Height
67. Weight
68. Eyes
69. Hair
70. Complexion
71. Scars, Marks, or Tattoos
72. Fingerprints
73. Date of Admission
74. Date of Release
75. Name of Institution
76. Name of Prisoner
77. Date of Birth
78. Place of Birth
79. Sex
80. Race
81. Height
82. Weight
83. Eyes
84. Hair
85. Complexion
86. Scars, Marks, or Tattoos
87. Fingerprints
88. Date of Admission
89. Date of Release
90. Name of Institution
91. Name of Prisoner
92. Date of Birth
93. Place of Birth
94. Sex
95. Race
96. Height
97. Weight
98. Eyes
99. Hair
100. Complexion
101. Scars, Marks, or Tattoos
102. Fingerprints
103. Date of Admission
104. Date of Release
105. Name of Institution
106. Name of Prisoner
107. Date of Birth
108. Place of Birth
109. Sex
110. Race
111. Height
112. Weight
113. Eyes
114. Hair
115. Complexion
116. Scars, Marks, or Tattoos
117. Fingerprints
118. Date of Admission
119. Date of Release
120. Name of Institution

799-131-010-764

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-62-568

| | | | | | |
|---|---|-----------------------|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Francis Dewey Priest | | | 2. Date (month) (day) (year)
Of Birth July 31, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Bonneville | a. County
Taylor (mailing address Idaho Falls) | |
| FATHER | 6. Full Name of Father
William Oscar Priest | | | 7. State or Country of Father's Birth
Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Jan Poulson | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Francis Dewey Priest</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on 7-19 1962 | | | 11. Present Address of Registrant | |
| | 12. Signature of Notary
<i>Merrill K. Gee</i> | | | 13. Notary Commission expires
7-13 1963 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|---|---|---|--|
| SUPPORTING RECORD 1- | Type of Document
affidavit by aunt, age: 77 | | By whom issued and signed
Matilda Sessions | Date issued
July 7, 1962 | Date Orig. Entry
---- |
| | Date of Birth
July 31, 1898 | Birth Place
Taylor, Idaho Bonneville County | Full Name of Mother
Emma Jane Poulson | Name of Father
William Oscar Priest | |
| SUPPORTING RECORD 2- | Type of Document
Hospital record, notarized photo copy | | By whom issued and signed
Merrill K. Gee, Notary Public | Date issued
----- | Date Orig. Entry
May 25, 1953 |
| | Date of Birth
July 31, 1898 | Birth Place
Idaho Falls, Ida. | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
photo copy of Certificate of Baptism and Confirmation | | By whom issued and signed
M. A. Hendricks, Bishop | Date issued
----- | Date Orig. Entry
baptized Aug. 4, 1906 |
| | Date of Birth
July 31, 1898 | Birth Place
Idaho Falls, Idaho Bingham County | Full Name of Mother
Emma Poulson | Name of Father
Wm. O. Priest | |

| | | | |
|--|--|--|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
sm Shirley Miller | Date Filed
July 23, 1962 |

JUL 23 1962

STATE OF IDAHO
DEPARTMENT OF HEALTH
CERTIFICATE OF BIRTH

| | | | | | |
|---|--|--|--|---|--|
| 1. Name of child at birth
JOHN MICHAEL | | 2. Sex
Male | | 3. Date of birth
July 11, 1962 | |
| 4. Place of birth
Idaho Falls, Idaho | | 5. Hospital or institution
Idaho Falls Hospital | | 6. Name of physician
Dr. J. H. Smith | |
| 7. Name of mother
JOHN MICHAEL | | 8. Full name of mother
JOHN MICHAEL | | 9. Date of mother's birth
July 11, 1962 | |
| 10. Name of father
JOHN MICHAEL | | 11. Full name of father
JOHN MICHAEL | | 12. Date of father's birth
July 11, 1962 | |
| 13. Name of mother's maiden name
JOHN MICHAEL | | 14. Name of father's maiden name
JOHN MICHAEL | | 15. Name of child's home address
Idaho Falls, Idaho | |
| 16. Name of child's home address
Idaho Falls, Idaho | | 17. Name of child's school
Idaho Falls School | | 18. Name of child's teacher
Idaho Falls School | |
| 19. Name of child's employer
Idaho Falls School | | 20. Name of child's supervisor
Idaho Falls School | | 21. Name of child's supervisor
Idaho Falls School | |
| 22. Name of child's supervisor
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| 97. Name of child's supervisor
Idaho Falls School | | 98. Name of child's supervisor
Idaho Falls School | | 99. Name of child's supervisor
Idaho Falls School | |
| 100. Name of child's supervisor
Idaho Falls School | | 101. Name of child's supervisor
Idaho Falls School | | 102. Name of child's supervisor
Idaho Falls School | |

168-230-014-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-571

| | | | | | | | | |
|--|---|-------------------------|---|------------------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Blanche Jeannette Johnson</i> | | | | | 2. Date (month) (day) (year)
Of Birth <i>June 30 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Caldwell Canyon</i> | a. County
<i>Caldwell</i> | b. City or Town of Birth
<i>Caldwell</i> | | | |
| FATHER | 6. Full Name of Father
<i>Samuel Jefferson Johnson</i> | | | | | 7. State or Country of Father's Birth
<i>Iowa</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Savannah Elanor Howard</i> | | | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | | 10. Signature of Registrant
<i>Blanche J. Johnson</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 16 1962</i> | | | | | 11. Present Address of Registrant
<i>Nampa Ida. 812 14th St.</i> | | |
| | | | | | | 12. Signature of Notary
<i>Robert H. Wanda</i> | | |
| | | | | | | 13. Notary Commission expires
<i>Oct. 1 1963</i> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|---------------------------|---|---------------------------------------|---|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
<i>certified copy of marriage license</i> | | By whom issued and signed
<i>S. S. Foote, Recorder</i> | | Date issued
<i>July 10, 1962</i> | Date Orig. Entry
<i>Jan. 17, 1922</i> |
| | Date of Birth
<i>Age: 23</i> | Birth Place
<i>-----</i> | Full Name of Mother
<i>-----</i> | | Name of Father
<i>-----</i> | |
| SUPPORTING
RECORD 2. | Type of Document
<i>notarized photo copy of family Bible</i> | | By whom issued and signed
<i>Margaret V. Taylor, Notary Public</i> | | Date issued
<i>July 20, 1962</i> | Date Orig. Entry
<i>date of Bible 1899</i> |
| | Date of Birth
<i>June 30, 1898</i> | Birth Place
<i>Caldwell, Idaho</i> | Full Name of Mother
<i>Savannah E. Johnson</i> | | Name of Father
<i>Samuel J. Johnson</i> | |
| SUPPORTING
RECORD 3. | Type of Document
<i>affidavit by mother</i> | | By whom issued and signed
<i>Savannah Elanor Johnson</i> | | Date issued
<i>July 20, 1962</i> | Date Orig. Entry
<i>-----</i> |
| | Date of Birth
<i>June 30, 1898</i> | Birth Place
<i>Caldwell, Idaho</i> | Full Name of Mother
<i>Savannah Elanor Howard Johnson</i> | | Name of Father
<i>Samuel Jefferson Johnson</i> | |
| QUALIFYING
INFORMATION | | | | | | |

| | | | | | | |
|--|--|--|---|--|------------------------------------|--|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Shirley Miller</i> | | Date Filed
<i>July 24, 1962</i> | |

632-111-003-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-732

| | | | | | | |
|--|---|-----------------------|-------------------------------------|-----------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Carl Albert Olson</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Jan 11 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Barnock</i> | a. County | b. City or Town of Birth
<i>Oxford</i> | |
| FATHER | 6. Full Name of Father
<i>Peter William Olson</i> | | | | 7. State or Country of Father's Birth
<i>Sweden</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Annie E. Andersson</i> | | | | 9. State or Country of Mother's Birth
<i>Sweden</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Carl Olson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>September 25, 1962</i> | | | | 11. Present Address of Registrant
<i>Downey</i> | |
| | | | | | 12. Signature of Notary
<i>Russell J. Hyde</i> | |
| | | | | | 13. Notary Commission Expires
<i>May 4, 1966</i> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|------------------------------|--|--|----------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by brother, Age: 74 | | By whom issued and signed
Erik W. Olson | | Date issued
Sept. 21, 1962 | Date Orig. Entry
-- |
| | Date of Birth
Jan. 11, 1898 | Birth Place
Oxford, Idaho | Full Name of Mother
Annie E. Olson | | Name of Father
Peter W. Olson | |
| SUPPORTING
RECORD 2. | Type of Document
certified copy of own child's
birth certificate | | By whom issued and signed
File #219164, Idaho | | Date issued
Feb. 27, 1952 | Date Orig. Entry
child born
Feb. 20, 1934 |
| | Date of Birth
Age: 36 | Birth Place
Oxford, Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3. | Type of Document
application for insurance | | By whom issued and signed
Idaho Mutual Benefit Assoc. | | Date issued
-- | Date Orig. Entry
Sept. 15, 1945 |
| | Date of Birth
Jan. 11, 1898 | Birth Place
Oxford, Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Shirley Miller | | Date Filed
October 1, 1962 | |

1-130

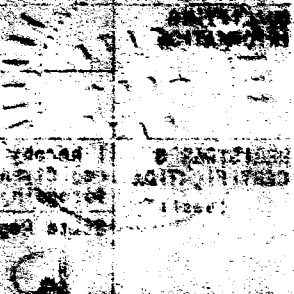
DECEASED CERTIFICATE OF BIRTH STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

| | | | | | | | | | | | |
|-----------------------------|--|-----------------------------|--|----------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|--|
| 1. Name of child at birth | | 2. Sex | | 3. Date of birth | | 4. Place of birth | | 5. Name of mother | | 6. Name of father | |
| 7. State of birth of mother | | 8. State of birth of father | | 9. Date of birth of mother | | 10. Date of birth of father | | 11. Name of mother at birth | | 12. Name of father at birth | |
| 13. Signature of Registrar | | 14. Signature of Registrar | | 15. Signature of Registrar | | 16. Signature of Registrar | | 17. Signature of Registrar | | 18. Signature of Registrar | |



| | | | | | | | | | | | |
|------------------------------|--|------------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|--|
| 19. Name of child at birth | | 20. Sex | | 21. Date of birth | | 22. Place of birth | | 23. Name of mother | | 24. Name of father | |
| 25. State of birth of mother | | 26. State of birth of father | | 27. Date of birth of mother | | 28. Date of birth of father | | 29. Name of mother at birth | | 30. Name of father at birth | |
| 31. Signature of Registrar | | 32. Signature of Registrar | | 33. Signature of Registrar | | 34. Signature of Registrar | | 35. Signature of Registrar | | 36. Signature of Registrar | |



| | | | | | | | | | | | |
|------------------------------|--|------------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|--|-----------------------------|--|
| 37. Name of child at birth | | 38. Sex | | 39. Date of birth | | 40. Place of birth | | 41. Name of mother | | 42. Name of father | |
| 43. State of birth of mother | | 44. State of birth of father | | 45. Date of birth of mother | | 46. Date of birth of father | | 47. Name of mother at birth | | 48. Name of father at birth | |
| 49. Signature of Registrar | | 50. Signature of Registrar | | 51. Signature of Registrar | | 52. Signature of Registrar | | 53. Signature of Registrar | | 54. Signature of Registrar | |

215-202-014-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-826

| | | | | | | | |
|--|---|-------------------------|-----------------------------------|-----------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ADDIE PEARL BANNISTER | | | | 2. Date of Birth (month) (day) (year)
May 2 1898 | | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
Idaho | a. County
 Canyon | b. City or Town of Birth
Boise | | |
| FATHER | 6. Full Name of Father
William Henry Bannister | | | | 7. State or Country of Father's Birth
Illinois | | |
| MOTHER | 8. Full Maiden Name of Mother
Lizzie Ellen Low | | | | 9. State or Country of Mother's Birth
Kansas | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Addie Pearl Hann | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 31 1960 | | | | 12. Signature of Notary
C. M. Calderwood | | 13. Notary Commission expires
does not expire |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|------------------------------------|--|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Passport | | By whom issued and signed
The Department of External Affairs; Canada | | Date Issued
-- | Date Orig. Entry
June 4, 1957 |
| | Date of Birth
May 2, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 2- | Type of Document
Family Record | | By whom issued and signed
Family Record | | Date Issued
Obviously | Date Orig. Entry
old |
| | Date of Birth
May 2, 1898 | Birth Place
-- | Full Name of Mother
-- | | Name of Father
-- | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by mother | | By whom issued and signed
Lizzie Ellen Bannister | | Date Issued
April 7, 1960 | Date Orig. Entry
-- |
| | Date of Birth
May 2, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
Lizzie Ellen Low | | Name of Father
William Henry Bannister | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by

Shirley Miller

Date Filed

November 16, 1962

NOV 16 1982

This image is a heavily degraded, high-contrast scan of a document page. The page is mostly white with black noise and artifacts. A large, dark, circular stamp is visible on the left side. The text is mostly illegible due to the poor quality of the scan.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW

[Handwritten signature]

719-103-036-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-850

| | | | | | | |
|--|---|-----------------------|---|-----------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Deverge Doney Parkinson | | | | 2. Date (month) (day) (year)
Of Birth Oct 3 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Franklin Oneida | a. County | b. City or Town of Birth
Franklin IDAHO | |
| FATHER | 6. Full Name of Father
FREDRICK SMART PARKINSON | | | | 7. State or Country of Father's Birth
Franklin IDAHO | |
| MOTHER | 8. Full Maiden Name of Mother
Bessie Ann Doney | | | | 9. State or Country of Mother's Birth
Franklin IDAHO | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
Deverge Doney Parkinson | |
| NOTARY (Seal) | Subscribed and sworn to before me on
November 27, 1961 | | | | 11. Present Address of Registrant
274 East 3rd. So. St. Rexburg, Idaho | |
| | 12. Signature of Notary
Henry Dietrich | | | | 13. Notary Commission expires
April 16, 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|---|---|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
Insurance Policy | | By whom issued and signed
Mutual Benefit Assn. | | Date issued
Sept. 1, 1943 | Date Orig. Entry
Apr. 20, 1943 |
| | Date of Birth
Oct. 1898 | Birth Place
Franklin, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
affidavit by neighbor at time of birth | | By whom issued and signed
S. J. Skelton | | Date issued
Nov. 27, 1961 | Date Orig. Entry
----- |
| | Date of Birth
Oct. 3, 1898 | Birth Place
Franklin, Idaho | Full Name of Mother
Bessie Ann Doney Parkinson | | Name of Father
Fred Smart Parkinson | |
| SUPPORTING RECORD 3. | Type of Document
Church Record | | By whom issued and signed
L.D.S. Church, Salt Lake City, Utah | | Date issued
Oct. 19, 1962 | Date Orig. Entry
Nov. 6, 1898 |
| | Date of Birth
Oct. 3, 1898 | Birth Place
Oneida County Franklin, Idaho | Full Name of Mother
Bessie A. Doney | | Name of Father
F. S. Parkinson | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

H. W. Benson

Evidence reviewed by

SM

pw Shirley Miller

Date Filed

November 21, 1962

DECEASED CERTIFICATE OF BIRTH

STATE OF TEXAS

NOV 21 1962

| | | | |
|---|--|--|--|
| <p>1. Name of deceased: <u>JOHN W. BROWN</u></p> | | <p>2. Date of birth: <u>10-15-1901</u></p> | |
| <p>3. Place of birth: <u>TEXAS</u></p> | | <p>4. Date of death: <u>11-15-1962</u></p> | |
| <p>5. Cause of death: <u>HEART DISEASE</u></p> | | <p>6. Place of death: <u>HOUSTON, TEXAS</u></p> | |
| <p>7. Name of informant: <u>JOHN W. BROWN</u></p> | | <p>8. Address of informant: <u>1234 MAIN ST, HOUSTON, TEXAS</u></p> | |
| <p>9. Signature of informant: <u>[Signature]</u></p> | | <p>10. Date of signature: <u>11-15-1962</u></p> | |
| <p>11. Name of registrar: <u>JOHN W. BROWN</u></p> | | <p>12. Address of registrar: <u>1234 MAIN ST, HOUSTON, TEXAS</u></p> | |
| <p>13. Signature of registrar: <u>[Signature]</u></p> | | <p>14. Date of signature: <u>11-15-1962</u></p> | |



793-128-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-864

| | | | | | | | |
|--|---|-----------------------|---|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Llewellyn Williams Gillespie</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>May 28 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
a. County <i>Fremont</i> | | b. City or Town of Birth
<i>Rexburg</i> | | |
| FATHER | 6. Full Name of Father
<i>James Gillespie</i> | | | | 7. State or Country of Father's Birth
<i>Scotland</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Hannah Jane Williams</i> | | | | 9. State or Country of Mother's Birth
<i>England</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Llewellyn Gillespie</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Sept. 19 1962</i> | | | | 11. Present Address of Registrant
<i>Rexburg, Idaho</i> | | |
| | 12. Signature of Notary
<i>L. Vernon B. Mortensen</i> | | | | 13. Notary Commission expires
19____ | | |

| | | | | | | |
|-------------------------|--|---|--|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Family Record | | By whom issued and signed
Old Family Record Book | | Date issued
----- | Date Orig. Entry
Obviously old |
| | Date of Birth
May 28, 1898 | Birth Place
Rexburg, Idaho | Full Name of Mother
Hannah Jane Williams | | Name of Father
James Gillespie | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Policy | | By whom issued and signed
World Ins. Co. Omaha Nebr. | | Date issued
April 27, 1951 | Date Orig. Entry
April 27, 1951 |
| | Date of Birth
May 28, 1898 | Birth Place
Rexburg, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
statement regarding church record | | By whom issued and signed
Dean R. Grover, Ward Clerk | | Date issued
Nov. 20, 1962 | Date Orig. Entry
baptized Sept. 1, 1906 |
| | Date of Birth
May 28, 1898 | Birth Place
Fremont County Rexburg, Idaho | Full Name of Mother
Hannah Jane Williams | | Name of Father
James Gillespie | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. Benson

Evidence reviewed by

ec Shirley Miller

Date Filed

November 28, 1962

NOV 28 1962

DECEASED CERTIFICATE OF BIRTH

STATE OF NEW YORK

STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
ALBANY, NEW YORK

| | | | | | |
|---|--|---|--|--|--|
| 1. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 2. Date of Birth
APRIL 27, 1902 | | 3. Place of Birth
NEW YORK, NEW YORK | |
| 4. Name of Father (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 5. Name of Mother (Last, First, Middle Initial)
MARY ELIZABETH BISHOP | | 6. Date of Marriage
APRIL 27, 1902 | |
| 7. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 8. Date of Death
APRIL 27, 1902 | | 9. Place of Death
NEW YORK, NEW YORK | |
| 10. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 11. Date of Death
APRIL 27, 1902 | | 12. Place of Death
NEW YORK, NEW YORK | |
| 13. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 14. Date of Death
APRIL 27, 1902 | | 15. Place of Death
NEW YORK, NEW YORK | |
| 16. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 17. Date of Death
APRIL 27, 1902 | | 18. Place of Death
NEW YORK, NEW YORK | |
| 19. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 20. Date of Death
APRIL 27, 1902 | | 21. Place of Death
NEW YORK, NEW YORK | |
| 22. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 23. Date of Death
APRIL 27, 1902 | | 24. Place of Death
NEW YORK, NEW YORK | |
| 25. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 26. Date of Death
APRIL 27, 1902 | | 27. Place of Death
NEW YORK, NEW YORK | |
| 28. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 29. Date of Death
APRIL 27, 1902 | | 30. Place of Death
NEW YORK, NEW YORK | |
| 31. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 32. Date of Death
APRIL 27, 1902 | | 33. Place of Death
NEW YORK, NEW YORK | |
| 34. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 35. Date of Death
APRIL 27, 1902 | | 36. Place of Death
NEW YORK, NEW YORK | |
| 37. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 38. Date of Death
APRIL 27, 1902 | | 39. Place of Death
NEW YORK, NEW YORK | |
| 40. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 41. Date of Death
APRIL 27, 1902 | | 42. Place of Death
NEW YORK, NEW YORK | |
| 43. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 44. Date of Death
APRIL 27, 1902 | | 45. Place of Death
NEW YORK, NEW YORK | |
| 46. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 47. Date of Death
APRIL 27, 1902 | | 48. Place of Death
NEW YORK, NEW YORK | |
| 49. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 50. Date of Death
APRIL 27, 1902 | | 51. Place of Death
NEW YORK, NEW YORK | |
| 52. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 53. Date of Death
APRIL 27, 1902 | | 54. Place of Death
NEW YORK, NEW YORK | |
| 55. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 56. Date of Death
APRIL 27, 1902 | | 57. Place of Death
NEW YORK, NEW YORK | |
| 58. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 59. Date of Death
APRIL 27, 1902 | | 60. Place of Death
NEW YORK, NEW YORK | |
| 61. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 62. Date of Death
APRIL 27, 1902 | | 63. Place of Death
NEW YORK, NEW YORK | |
| 64. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 65. Date of Death
APRIL 27, 1902 | | 66. Place of Death
NEW YORK, NEW YORK | |
| 67. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 68. Date of Death
APRIL 27, 1902 | | 69. Place of Death
NEW YORK, NEW YORK | |
| 70. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 71. Date of Death
APRIL 27, 1902 | | 72. Place of Death
NEW YORK, NEW YORK | |
| 73. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 74. Date of Death
APRIL 27, 1902 | | 75. Place of Death
NEW YORK, NEW YORK | |
| 76. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 77. Date of Death
APRIL 27, 1902 | | 78. Place of Death
NEW YORK, NEW YORK | |
| 79. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 80. Date of Death
APRIL 27, 1902 | | 81. Place of Death
NEW YORK, NEW YORK | |
| 82. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 83. Date of Death
APRIL 27, 1902 | | 84. Place of Death
NEW YORK, NEW YORK | |
| 85. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 86. Date of Death
APRIL 27, 1902 | | 87. Place of Death
NEW YORK, NEW YORK | |
| 88. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 89. Date of Death
APRIL 27, 1902 | | 90. Place of Death
NEW YORK, NEW YORK | |
| 91. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 92. Date of Death
APRIL 27, 1902 | | 93. Place of Death
NEW YORK, NEW YORK | |
| 94. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 95. Date of Death
APRIL 27, 1902 | | 96. Place of Death
NEW YORK, NEW YORK | |
| 97. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 98. Date of Death
APRIL 27, 1902 | | 99. Place of Death
NEW YORK, NEW YORK | |
| 100. Name of Deceased (Last, First, Middle Initial)
JOHN WILLIAM BISHOP | | 101. Date of Death
APRIL 27, 1902 | | 102. Place of Death
NEW YORK, NEW YORK | |

381-106-001-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De62-891

| | | | | | |
|--|---|----------------|----------------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Harold Bryan Chase | | | 2. Date (month) (day) (year)
Of Birth Jan. 6, 1898 | |
| | 3. Color or Race
Cauc. | 4. Sex
Male | 5. Place of Birth
Boise | a. County
Ada | |
| FATHER | 6. Full Name of Father
Rush Chase | | | 7. State or Country of Father's Birth
Ohio | |
| MOTHER | 8. Full Maiden Name of Mother
Margaret Emily Barr | | | 9. State or Country of Mother's Birth
Vernon County, Wisconsin | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Harold B. Chase</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 20 1962</i> | | | 11. Present Address of Registrant
<i>Route #1 Boise</i> | |
| | 12. Signature of Notary
<i>James A. Reininger</i> | | | 13. Notary Commission expires
<i>May 1966</i> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|-------------------------------|---|--|-------------------------------|--|
| SUPPORTING RECORD 1. | Type of Document #52605
Life Insurance Policy | | By whom issued and signed
Montana Life Ins. Co.
Helena, Montana | | Date issued
March 30, 1928 | Date Orig. Entry
March 14, 1928 |
| | Date of Birth
Jan. 6, 1898 | Birth Place
Boise, Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
on file Idaho #144525 | | Date issued
--- | Date Orig. Entry
child born Sept 10, 1926 |
| | Date of Birth
Age 28 | Birth Place
Ada Co., Idaho | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING RECORD 3. | Type of Document
Notarized Photocopy of page from Family Bible | | By whom issued and signed
James A. Reininger
Notary | | Date issued
---- | Date Orig. Entry
obviously old |
| | Date of Birth
Jan 6, 1898 | Birth Place
---- | Full Name of Mother
Margaret E. Barr | | Name of Father
Rush Chase | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

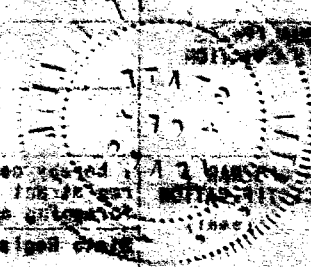
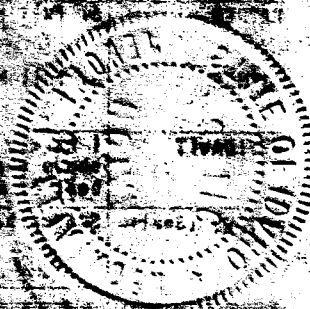
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|---------------------------------|---|---------------------------|
| State Registrar
W. W. Benson | Evidence reviewed by
bf Joyce B. Foltz | Date Filed
Dec 7, 1962 |
|---------------------------------|---|---------------------------|

DEC 7 1962

DELETED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | | | | | |
|----------------|--|----------------|--|------------------|--|-------------------|--|
| Date of Birth | | Place of Birth | | Name of Mother | | Name of Father | |
| March 10, 1928 | | Idaho | | Margaret E. Hart | | Cash Clark | |
| Date of Issue | | Place of Issue | | Name of Issuer | | Name of Registrar | |
| March 10, 1928 | | Idaho | | James A. Reinger | | W. W. Benson | |
| Date of Death | | Place of Death | | Name of Deceased | | Name of Registrar | |
| March 10, 1928 | | Idaho | | Margaret E. Hart | | W. W. Benson | |
| Date of Birth | | Place of Birth | | Name of Mother | | Name of Father | |
| March 10, 1928 | | Idaho | | Margaret E. Hart | | Cash Clark | |
| Date of Issue | | Place of Issue | | Name of Issuer | | Name of Registrar | |
| March 10, 1928 | | Idaho | | James A. Reinger | | W. W. Benson | |
| Date of Death | | Place of Death | | Name of Deceased | | Name of Registrar | |
| March 10, 1928 | | Idaho | | Margaret E. Hart | | W. W. Benson | |



319-105-021-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De62-947

| | | | | | | |
|--|---|-----------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Willard Urven Larsen | | | 2. Date (month) (day) (year)
Of Birth October 5 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Franklin | b. City or Town of Birth
Fairview | | |
| FATHER | 6. Full Name of Father
A. Willard Larsen | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Annie Jamison | | | 9. State or Country of Mother's Birth
Idaho | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Willard Urven Larsen</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
Dec 28 1962 | | | 12. Signature of Notary
<i>Neva R. Carroll</i> | | 13. Notary Commission expires
4-5 1963 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|---------------------------------------|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Certificate of Ordination
L.D.S. Church | | By whom issued and signed
Oneida Stake, Fairview Ward
Edwin Bodily, Bishop | Date issued | Date Orig. Entry
Feb 1, 1915 |
| | Date of Birth
Oct. 5,
1898 | Birth Place
Fairview, Idaho | Full Name of Mother
Annie Jamison | Name of Father
A. Willard Larsen | |
| SUPPORTING
RECORD 2- | Type of Document
Certified copy of marriage
Application #43763 | | By whom issued and signed
Salt Lake County, Utah
County Clerk Alvin Keddington | Date issued
Feb 24,
1960 | Date Orig. Entry
Dec 18, 1923 |
| | Date of Birth
Oct 5,
1898 | Birth Place
Fairview, Idaho | Full Name of Mother
Anna Jamison | Name of Father
A. W. Larsen | |
| SUPPORTING
RECORD 3- | Type of Document
Copy of Application for
Membership | | By whom issued and signed
Idaho Mutual Benefit Assn.
Boise, Idaho | Date issued
--- | Date Orig. Entry
Aug 31, 1932 |
| | Date of Birth
Oct. 5,
1898 | Birth Place
Fairview, Idaho | Full Name of Mother
---- | Name of Father
----- | |

QUALIFYING INFORMATION

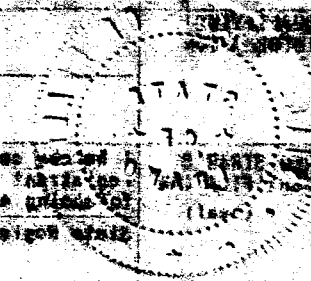
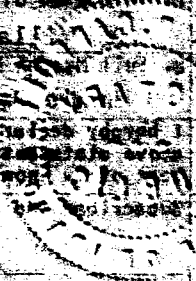
| | | | |
|--|--|--|-----------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
bf Joyce B. Foltz | Date Filed
Dec 28, 1962 |

DEC 28 1962

DELETED CERTIFICATE OF BIRTH
STATE OF IOWA

28-2-62

| | | | |
|--|--|--|--|
| 1. Name of child at birth
Franklin | | 2. Date of birth
October 1962 | |
| 3. Sex
Male | | 4. Place of birth
Franklin | |
| 5. Name of father
Franklin | | 6. Name of mother
Franklin | |
| 7. State of County of father's birth
Franklin | | 8. State of County of mother's birth
Franklin | |
| 9. Present address of registrant
Franklin | | 10. Signature of Registrar
Franklin | |
| 11. Signature of Notary
Franklin | | 12. Notary Commission Expires
Franklin | |
| 13. Date of birth
Franklin | | 14. Date of birth
Franklin | |
| 15. Date of birth
Franklin | | 16. Date of birth
Franklin | |
| 17. Date of birth
Franklin | | 18. Date of birth
Franklin | |
| 19. Date of birth
Franklin | | 20. Date of birth
Franklin | |
| 21. Date of birth
Franklin | | 22. Date of birth
Franklin | |
| 23. Date of birth
Franklin | | 24. Date of birth
Franklin | |
| 25. Date of birth
Franklin | | 26. Date of birth
Franklin | |
| 27. Date of birth
Franklin | | 28. Date of birth
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| 29. Date of birth
Franklin | | 30. Date of birth
Franklin | |
| 31. Date of birth
Franklin | | 32. Date of birth
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| 33. Date of birth
Franklin | | 34. Date of birth
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| 35. Date of birth
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| 37. Date of birth
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| 41. Date of birth
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| 43. Date of birth
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| 45. Date of birth
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| 59. Date of birth
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| 61. Date of birth
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| 63. Date of birth
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| 65. Date of birth
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| 67. Date of birth
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| 69. Date of birth
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| 71. Date of birth
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| 73. Date of birth
Franklin | | 74. Date of birth
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| 75. Date of birth
Franklin | | 76. Date of birth
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| 77. Date of birth
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| 79. Date of birth
Franklin | | 80. Date of birth
Franklin | |
| 81. Date of birth
Franklin | | 82. Date of birth
Franklin | |
| 83. Date of birth
Franklin | | 84. Date of birth
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| 85. Date of birth
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| 87. Date of birth
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| 89. Date of birth
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| 91. Date of birth
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| 93. Date of birth
Franklin | | 94. Date of birth
Franklin | |
| 95. Date of birth
Franklin | | 96. Date of birth
Franklin | |
| 97. Date of birth
Franklin | | 98. Date of birth
Franklin | |
| 99. Date of birth
Franklin | | 100. Date of birth
Franklin | |



I hereby certify that the birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

State Registrar
 W. W. Hanson
 Date filed
 Dec 28 1962

859-119-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-079

| | | | | | | | |
|--|---|-----------------------|--|---------------------------------------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Richard Newey Herbert</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov.</i> <i>19</i> <i>1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Glendale - Idaho</i> | a. County
<i>Franklin - county</i> | b. City or Town of Birth
<i>Franklin - county</i> | | |
| FATHER | 6. Full Name of Father
<i>Harry Herbert</i> | | | | 7. State or Country of Father's Birth
<i>Evansston - Wyoming</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Beckstead</i> | | | | 9. State or Country of Mother's Birth
<i>Brigham City Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Richard Newey Herbert</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Nov. 19</i> <i>1962</i> | | | | 11. Present Address of Registrant
<i>2775 Van Buren, Suite 100, Boise, Idaho</i> | | |
| | 12. Signature of Notary
<i>Alice J. Jensen</i> | | | | 13. Notary Commission expires
<i>Jan. 1</i> <i>1965</i> | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|---------------------------------------|---|--|---|
| SUPPORTING RECORD 1. | Type of Document
<i>own child's birth certificate</i> | | By whom issued and signed
<i>Fiel #84246, Idaho</i> | Date issued
<i>-----</i> | Date Orig. Entry
<i>child born Oct. 15, 1920</i> |
| | Date of Birth
<i>Age: 21</i> | Birth Place
<i>Glendale, Idaho</i> | Full Name of Mother
<i>-----</i> | Name of Father
<i>-----</i> | |
| SUPPORTING RECORD 2. | Type of Document
<i>Church Record</i> | | By whom issued and signed
<i>Ella D. Jack Custodian of church membership records</i> | Date issued
<i>Sept. 14, 1962</i> | Date Orig. Entry
<i>blessed April 2, 1899</i> |
| | Date of Birth
<i>Nov. 19, 1898</i> | Birth Place
<i>Glendale, Idaho</i> | Full Name of Mother
<i>Mary Beckstead</i> | Name of Father
<i>Harry Herbert</i> | |
| SUPPORTING RECORD 3. | Type of Document
<i>Family Record Book</i> | | By whom issued and signed
<i>Family Records</i> | Date issued
<i>obviously</i> | Date Orig. Entry
<i>old</i> |
| | Date of Birth
<i>Nov. 19, 1898</i> | Birth Place
<i>Glendale, -----</i> | Full Name of Mother
<i>Mary Beckstead Herber</i> | Name of Father
<i>Harry Herbert</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

W. W. Benson

Evidence reviewed by

Shirley Miller

Date Filed

January 31, 1963

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-117

| | | | | | | |
|--|---|-----------------------|-----------------------------------|---|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
William Leslie Bell | | | 2. Date (month) (day) (year)
Of Birth June 20 1898 | | |
| | 3. Color or Race
Brown | 4. Sex
Male | 5. Place of Birth
Salem | a. County
Madison, Ida. | | |
| FATHER | 6. Full Name of Father
Hyrum Bell | | | 7. State or Country of Father's Birth
Lehi, Utah, Utah. | | |
| MOTHER | 8. Full Maiden Name of Mother
Amanda Christina Sandgren | | | 9. State or Country of Mother's Birth
Adsvira Scarsborg, Sweden | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>W L Bell</i> | | 11. Present Address of Registrant
376 West, 400 North
Orem, Utah |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 17 1963 | | | 12. Signature of Notary
<i>Erin Jackson</i> | | 13. Notary Commission expires
Feb. 8 1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---|--|--|-------------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
Certificate of Ordination to the office of Deacon | | By whom issued and signed
Bernice R. Harris, Bishop | | Date issued
June 20, 1910 | Date Orig. Entry ordained
June 20, 1910 |
| | Date of Birth
June 20, 1898 | Birth Place
Fremont County
Salem, Idaho | Full Name of Mother
Amanda C. Sandgren | | Name of Father
Hyrum Bell | |
| SUPPORTING RECORD 2. | Type of Document
Honorable Discharge from The United States Army | | By whom issued and signed
John P. Hancock, 2nd Lt. Inf. U. S. A. | | Date issued
Dec. 9, 1918 | Date Orig. Entry inducted
Oct. 27, 1918 |
| | Date of Birth
Age: 20 | Birth Place
Salem, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
affidavit by aunt. age-87 | | By whom issued and signed
Sarah Rebecca Bell Harris | | Date issued
Feb. 9, 1963 | Date Orig. Entry
--- |
| | Date of Birth
June 20, 1898 | Birth Place
Madison County
Salem, Idaho | Full Name of Mother
Amanda Christina Sandgren Bell | | Name of Father
Hyrum Bell | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|--------------------------------------|--|--|
| State Registrar
<i>W W Benson</i> | Evidence reviewed by
SM Shirley Miller | Date Filed
February 12, 1963 |
|--------------------------------------|--|--|

CONFIDENTIAL

RECEIVED
JUN 10 1964
U.S. AIR FORCE
HEADQUARTERS
AIR FORCE
WASHINGTON, D.C.

[illegible]

[Faint, mostly illegible text from a document page, possibly containing names and dates.]

5412

753-130-021-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-125

| | | | | | | |
|--|---|----------------|-------------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Myron Hayden Peck | | | 2. Date (month) (day) (year)
Of Birth March 30 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Franklin | a. County
b. City or Town of Birth
Thatcher (Gentile Valley) | | |
| FATHER | 6. Full Name of Father
George Cannon Peck | | | 7. State or Country of Father's Birth
Wanship, Summit, Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Edith May Bollwinkel | | | 9. State or Country of Mother's Birth
Salt Lake City, Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Myron H. Peck</i> | | 11. Present Address of Registrant
Ventura, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 12 1963</i> | | | 12. Signature of Notary
<i>Oliver R. Stokes</i> | | 13. Notary Commission expires
<i>Dec 19 1966</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|--------------------------------------|---|--|----------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
Honorable Discharge | | By whom issued and signed
United States Army | | Date issued
Feb. 25, 1918 | Date Orig. Entry inducted
Oct. 15, 1918 |
| | Date of Birth
Age: 20 | Birth Place
Thatcher, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
Church Record | | By whom issued and signed
Golden elson, Branch Clerk | | Date issued
---- | Date Orig. Entry baptized
Aug. 3, 1907 |
| | Date of Birth
Mar. 30, 1898 | Birth Place
Gentile Valley, Idaho | Full Name of Mother
Edith M. Ballwinkle | | Name of Father
George C. Peck | |
| SUPPORTING RECORD 3. | Type of Document
certified copy of own child's birth certificate | | By whom issued and signed
File #519, California | | Date issued
June 23, 1958 | Date Orig. Entry child born
May 18, 1933 |
| | Date of Birth
Age: 35 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. Benson

Evidence reviewed by

Shirley Miller

Date Filed

February 19, 1963

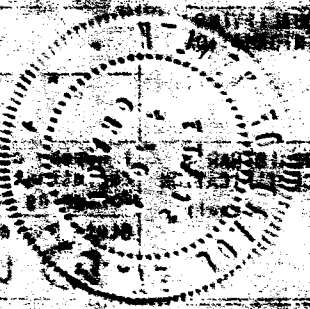
FEB 28 1963

DELAIED CERTIFICATE OF BIRTH
STATE OF IOWA

| | | | | | |
|---------------------------|--|---------------|--|----------------|--|
| Name of child at birth | | Date of birth | | Place of birth | |
| Name of mother at birth | | Date of birth | | Place of birth | |
| Name of father at birth | | Date of birth | | Place of birth | |
| Name of child at present | | Date of birth | | Place of birth | |
| Name of mother at present | | Date of birth | | Place of birth | |
| Name of father at present | | Date of birth | | Place of birth | |



| | | | | | |
|---------------------------|--|---------------|--|----------------|--|
| Name of child at birth | | Date of birth | | Place of birth | |
| Name of mother at birth | | Date of birth | | Place of birth | |
| Name of father at birth | | Date of birth | | Place of birth | |
| Name of child at present | | Date of birth | | Place of birth | |
| Name of mother at present | | Date of birth | | Place of birth | |
| Name of father at present | | Date of birth | | Place of birth | |



| | | | | | |
|---------------------------|--|---------------|--|----------------|--|
| Name of child at birth | | Date of birth | | Place of birth | |
| Name of mother at birth | | Date of birth | | Place of birth | |
| Name of father at birth | | Date of birth | | Place of birth | |
| Name of child at present | | Date of birth | | Place of birth | |
| Name of mother at present | | Date of birth | | Place of birth | |
| Name of father at present | | Date of birth | | Place of birth | |

792-111-026-819 DELAYED CERTIFICATE OF BIRTH
 Department of Public Health
 Division of Vital Statistics
 Boise, Idaho
 STATE OF IDAHO

State File No. De-63-142
 Local Reg. No. _____
 Reg. Dist. No. _____

| | | | | | | |
|--|---|-----------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Essie Morris Gibbs</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>March 11 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Shelton Idaho</i> | 6. City or Town of Birth
<i>Shelton Ida. Jefferson co</i> | | |
| FATHER | 6. Full Name of Father
<i>William Morris Gibbs</i> | | | | 7. State or Country of Father's Birth
<i>Wales</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Louisa Harmon Gibbs</i> | | | | 9. State or Country of Mother's Birth
<i>Providence Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Essie Morris Gibbs</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>February 7 1963</i> | | | | 11. Present Address of Registrant
<i>Providence Utah Box 342</i> | |
| | 12. Signature of Notary
<i>David D. Jones</i> | | | | 13. Notary Commission expires
<i>June 11 1963</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|-------------------------------|---|--|--|
| SUPPORTING
RECORD 1. | Type of Document
Certificate of Blessing | | By whom issued and signed
Paul P. Burton, Ward Clerk | Date issued
Nov. 15, 1959 | Date Orig. Entry
blessed
Jan. 26, 1899 |
| | Date of Birth
Mar. 11, 1898 | Birth Place
Shelton, Idaho | Full Name of Mother
Mary Harmon | Name of Father
William M. Gibbs | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by uncle, age: 77 | | By whom issued and signed
Marion H. Harmond | Date issued
Mar. 7, 1958 | Date Orig. Entry
--- |
| | Date of Birth
Mar. 11, 1898 | Birth Place
Shelton, Idaho | Full Name of Mother
Mary L. Gibbs | Name of Father
William Morris Gibbs | |
| SUPPORTING
RECORD 3. | Type of Document
certified copy of Marriage record | | By whom issued and signed
Letha H. Spencer, Deputy Clerk | Date issued
Feb. 18, 1963 | Date Orig. Entry
Oct. 22, 1918 |
| | Date of Birth
Age: 20 | Birth Place
--- | Full Name of Mother
---- | Name of Father
---- | |

| | | | |
|--|--|---|---------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
SM Shirley Miller | Date Filed
February 26, 1963 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
 Class B Records are those made after the fourth birthday but are at least 5 years old.

FEB 26 1963



Form with multiple sections and fields, including handwritten notes and stamps. The form appears to be a document related to the State of Texas Department of Corrections, possibly a report or record. The text is mostly illegible due to the quality of the scan and the handwriting.

235-116-033-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-143

| | | | | | | |
|--|--|-----------------------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
James Hamilton Steel | | | 2. Date (month) (day) (year)
Of Birth January 16 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Plano, Idaho | | b. City or Town of Birth
Plano, Idaho | |
| FATHER Mother | 6. Full Name of Father
Agnes Eliza Hemsley | | | 7. State or Country of Father's Birth
BANKTON ATR Scotland SEPT 17, 1868 | | |
| MOTHER Father | 8. Full Maiden Name of Mother
James Steel | | | 9. State or Country of Mother's Birth
SALT LAKE CITY UTAH SEPT 26, 1875 | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
James H. Steel | | 11. Present Address of Registrant
REXBOROUGH, IDAHO RT 5 #2 |
| NOTARY (Seal) | Subscribed and sworn to before me on 2/18- 1963 | | | 12. Signature of Notary
Perry D. Nielson | | 13. Notary Commission expires 10/1 - 1964 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Church Record | | By whom issued and signed
Plano Ward, LDS Church | | Date issued
9-16-57 | Date Orig. Entry
June 8, 1921 |
| | Date of Birth
Jan 16, 1898 | Birth Place
Plano, Idaho | Full Name of Mother
Agnes Eliza Hemsley | | Name of Father
James Steel | |
| SUPPORTING
RECORD 2. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho #106800 | | Date issued | Date Orig. Entry
child born Oct. 19, 1922 |
| | Date of Birth
age 24 | Birth Place
Idaho | Full Name of Mother | | Name of Father | |
| SUPPORTING
RECORD 3. | Type of Document
Age: 80 affidavit by mother-in-law neighbor at time of birth also. | | By whom issued and signed
Mary Josephine Oakey; was | | Date issued
February 18, 1963 | Date Orig. Entry |
| | Date of Birth
Jan. 16, 1898 | Birth Place
Plano, Idaho | Full Name of Mother
Agnes Eliza Hemsley | | Name of Father
James Steel | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | Evidence reviewed by
nr Shirley Miller | | Date Filed
February 26, 1963 |
| | State Registrar
W. W. Jensen | | | | | |

331-126-029-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-151

| | | | | | | | |
|--|---|--------|-------------------|-----------|---|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name <i>Archie Columbus Clark</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>April 26 1898</i> | | |
| | 3. Color or Race | 4. Sex | 5. Place of Birth | a. County | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<i>Columbus Napoleon Clark</i> | | | | 7. State or Country of Father's Birth
<i>Missouri</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sophronia Emeline (Johnson) Clark</i> | | | | 9. State or Country of Mother's Birth
<i>Arkansas</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Archie C. Clark</i> | | 11. Present Address of Registrant
<i>Pullman Washington</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
OCT 29 1962 19 | | | | 12. Signature of Notary
<i>W. W. Mitchell</i> | | 13. Notary Commission expires
11-10-1964 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|---|--|-------------------------------------|-----------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Census Record | | By whom issued and signed
U.S. Bureau of the Census
Washington, D.C. | Date issued
Jan. 31, 1963 | Date Orig. Entry
Jan. 1, 1920 |
| | Date of Birth
Age: 21 | Birth Place
Idaho | Full Name of Mother
Sophronia E. Clark | Name of Father
Columbus N. Clark | |
| SUPPORTING
RECORD 2- | Type of Document
certified copy of school record | | By whom issued and signed
Alice Fahrenwald, Deputy | Date issued
Jan. 15, 1963 | Date Orig. Entry
April 5, 1916 |
| | Date of Birth
Age: 17 | Birth Place
--- | Full Name of Mother
--- | Name of Father
--- | |
| SUPPORTING
RECORD 3- | Type of Document
affidavit by neighbor and close friend at time of birth | | By whom issued and signed
Frank Dygert | Date issued
February 23, 1963 | Date Orig. Entry |
| | Date of Birth
April 26, 1898 | Birth Place
Latah County
Juliaetta, Idaho | Full Name of Mother
Sophronia E. Johnson Clark | Name of Father
Columbus N. Clark | |
| QUALIFYING
INFORMATION | Certified copy of Roll of Registered Electors issued by Alice Fahrenwald, Deputy Auditor and Recorder on Feb. 7, 1963. Registered on July 24, 1926. Age at that time was 28 and place of birth given as Idaho. | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
SM Shirley Miller | Date Filed
March 1, 1963 | |

MAR 1 1968

| | | | |
|---|--|--------------------------------|---------------------------------|
| 1. Name of the person or organization | 2. Address of the person or organization | 3. City and State | 4. Country |
| 5. Date of birth or date of establishment | 6. Date of death or date of dissolution | 7. Date of last known address | 8. Date of last known contact |
| 9. Date of last known address | 10. Date of last known contact | 11. Date of last known address | 12. Date of last known contact |
| 13. Date of last known address | 14. Date of last known contact | 15. Date of last known address | 16. Date of last known contact |
| 17. Date of last known address | 18. Date of last known contact | 19. Date of last known address | 20. Date of last known contact |
| 21. Date of last known address | 22. Date of last known contact | 23. Date of last known address | 24. Date of last known contact |
| 25. Date of last known address | 26. Date of last known contact | 27. Date of last known address | 28. Date of last known contact |
| 29. Date of last known address | 30. Date of last known contact | 31. Date of last known address | 32. Date of last known contact |
| 33. Date of last known address | 34. Date of last known contact | 35. Date of last known address | 36. Date of last known contact |
| 37. Date of last known address | 38. Date of last known contact | 39. Date of last known address | 40. Date of last known contact |
| 41. Date of last known address | 42. Date of last known contact | 43. Date of last known address | 44. Date of last known contact |
| 45. Date of last known address | 46. Date of last known contact | 47. Date of last known address | 48. Date of last known contact |
| 49. Date of last known address | 50. Date of last known contact | 51. Date of last known address | 52. Date of last known contact |
| 53. Date of last known address | 54. Date of last known contact | 55. Date of last known address | 56. Date of last known contact |
| 57. Date of last known address | 58. Date of last known contact | 59. Date of last known address | 60. Date of last known contact |
| 61. Date of last known address | 62. Date of last known contact | 63. Date of last known address | 64. Date of last known contact |
| 65. Date of last known address | 66. Date of last known contact | 67. Date of last known address | 68. Date of last known contact |
| 69. Date of last known address | 70. Date of last known contact | 71. Date of last known address | 72. Date of last known contact |
| 73. Date of last known address | 74. Date of last known contact | 75. Date of last known address | 76. Date of last known contact |
| 77. Date of last known address | 78. Date of last known contact | 79. Date of last known address | 80. Date of last known contact |
| 81. Date of last known address | 82. Date of last known contact | 83. Date of last known address | 84. Date of last known contact |
| 85. Date of last known address | 86. Date of last known contact | 87. Date of last known address | 88. Date of last known contact |
| 89. Date of last known address | 90. Date of last known contact | 91. Date of last known address | 92. Date of last known contact |
| 93. Date of last known address | 94. Date of last known contact | 95. Date of last known address | 96. Date of last known contact |
| 97. Date of last known address | 98. Date of last known contact | 99. Date of last known address | 100. Date of last known contact |

| Serial Number | Name of Person | Address | Occupation | Age | Sex | Color | Height | Weight | Build | Complexion | Education | Marital Status | Religion | Political Party | Other |
|---------------|-----------------|-----------------|------------|-----|-----|-------|--------|--------|---------|------------|-------------|----------------|------------|-----------------|-------|
| 1 | John Doe | 123 Main St. | Teacher | 35 | M | W | 5'8" | 150 | Medium | Fair | High School | Married | Protestant | Republican | |
| 2 | Jane Smith | 456 Oak St. | Nurse | 28 | F | W | 5'6" | 120 | Slender | Fair | College | Single | Catholic | Democrat | |
| 3 | Robert Johnson | 789 Pine St. | Engineer | 42 | M | W | 6'0" | 180 | Sturdy | Dark | University | Married | Baptist | Democrat | |
| 4 | Mary White | 101 Elm St. | Homemaker | 30 | F | W | 5'4" | 110 | Medium | Fair | High School | Married | Methodist | Republican | |
| 5 | James Brown | 202 Cedar St. | Farmer | 55 | M | W | 5'9" | 160 | Robust | Dark | High School | Married | Baptist | Republican | |
| 6 | Elizabeth Green | 303 Birch St. | Teacher | 38 | F | W | 5'7" | 130 | Medium | Fair | College | Married | Catholic | Democrat | |
| 7 | William Black | 404 Spruce St. | Engineer | 40 | M | W | 6'1" | 170 | Sturdy | Dark | University | Married | Baptist | Democrat | |
| 8 | Patricia Gray | 505 Willow St. | Nurse | 25 | F | W | 5'5" | 115 | Slender | Fair | College | Single | Catholic | Republican | |
| 9 | Charles Hall | 606 Ash St. | Farmer | 50 | M | W | 5'8" | 155 | Medium | Dark | High School | Married | Baptist | Republican | |
| 10 | Sarah King | 707 Hickory St. | Homemaker | 29 | F | W | 5'3" | 105 | Medium | Fair | High School | Married | Methodist | Democrat | |

1. RECEIVED 10/10/50
2. RECEIVED 10/10/50
3. RECEIVED 10/10/50
4. RECEIVED 10/10/50
5. RECEIVED 10/10/50
6. RECEIVED 10/10/50
7. RECEIVED 10/10/50
8. RECEIVED 10/10/50
9. RECEIVED 10/10/50
10. RECEIVED 10/10/50

68-9-214-022-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. #De63-180

| | | | | | | | |
|--|---|--------------------|-----------------------------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Manila White</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Dec. 14 1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Idaho</i> | | a. County
<i>Fremont</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas Reed White</i> | | | | 7. State or Country of Father's Birth
<i>Salt Lake City, Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Betty Annie Layman</i> | | | | 9. State or Country of Mother's Birth
<i>Lynne Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Manila Dowdle</i> | | 11. Present Address of Registrant
<i>Nampa, R. 5. Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 12 1963</i> | | | | 12. Signature of Notary
<i>Paul Bruce Beasley</i> | | 13. Notary Commission expires
<i>Aug 30 1966</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|--|---|--|-------------------------------------|-------------------------|
| SUPPORTING RECORD 1. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Own child's birth certificate | | On file Idaho, File #271524 | | ----- | Child born May 13, 1938 |
| | Date of Birth
Age 39 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Affidavit by Sister, Age 78 | | Clara Peterson | | ----- | January 8, 1965 |
| | Date of Birth
December 14, 1898 | Birth Place
Plano, Fremont Co., Idaho | Full Name of Mother
Betty Annie Layman | | Name of Father
Thomas Reed White | |
| SUPPORTING RECORD 3. | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Certificate of Baptism and Confirmation | | L. D. S. Church | | June 21, 1922 | June 11, 1922 |
| | Date of Birth
December 14, 1898 | Birth Place
Plano, Idaho | Full Name of Mother
Betty Annie White | | Name of Father
Thomas R. White | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|---------------------------------|--------------------------------------|------------------------------|
| State Registrar
W. W. Benson | Evidence reviewed by
Betty Morris | Date Filed
March 12, 1963 |
|---------------------------------|--------------------------------------|------------------------------|

[illegible]

893-114-028-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **De-63-290**

| | | | | | | | |
|---|--|---------------------------------------|-----------------------------------|---|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Clark Douglas Hill | | | | 2. Date of Birth
January 14, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Idaho | a. County
Kootenai | b. City or Town of Birth
Rathdrum | | |
| FATHER | 6. Full Name of Father
Frank Orrin Hill | | | | 7. State or Country of Father's Birth
Maine | | |
| MOTHER | 8. Full Maiden Name of Mother
Adrienne Esther Faulconer | | | | 9. State or Country of Mother's Birth
Oregon | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Clark Douglas Hill</i> | | 11. Present Address of Registrant
322-W-82nd St
Long Beach, California |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 11</i> 19 63 | | | | 12. Signature of Notary
<i>G. Vernon Roby</i> | | 13. Notary Commission expires
G. VERNON ROBY
My Commission Expires April 22, 1966 |
| <p align="center">APPLICANT - DO NOT WRITE BELOW THIS LINE</p> | | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Photo copy of application for life insurance | | | By whom issued and signed
Security Mutual Life Insurance Company of Lincoln, Nebraska | | Date issued
---- | Date Orig. Entry
Jan. 17, 1938 |
| | Date of Birth
Jan. 14, 1898 | Birth Place
Rathdrum, Idaho | | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING RECORD 2- | Type of Document
Report of Discharge from U.S. Navy | | | By whom issued and signed
C. B. Hatch, Lieut. Comdr. U S N R F | | Date issued
Mar. 26, 1919 | Date Orig. Entry
Nov. 1, 1917 |
| | Date of Birth
Jan. 14, 1898 | Birth Place
Rathdrum, Idaho | | Full Name of Mother
---- | | Name of Father
---- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by mother | | | By whom issued and signed
Adrienne Esther Faulconer Hill | | Date issued
April 11, 1963 | Date Orig. Entry |
| | Date of Birth
Jan. 14, 1898 | Birth Place
Rathdrum, Idaho | | Full Name of Mother
Adrienne Esther Faulconer | | Name of Father
Frank Orrin Hill | |
| QUALIFYING INFORMATION | Photo copy of Marriage License dated January 19, 1920 in San Francisco, California. | | | | | | |
| | Age given at that time was 22. | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | Evidence reviewed by
Shirley Miller | | Date Filed
April 17, 1963 |
| | State Registrar
<i>W. W. Benson</i> | | | | sm | | |

APR 17 1963

| | | | | |
|--|-------------------|----------------------|---------------------|-------------------------|
| 1. Name of the person or organization | 2. Address | 3. City | 4. State | 5. Zip |
| 6. Date of birth | 7. Date of death | 8. Date of marriage | 9. Date of divorce | 10. Date of remarriage |
| 11. Name of the person or organization | 12. Address | 13. City | 14. State | 15. Zip |
| 16. Date of birth | 17. Date of death | 18. Date of marriage | 19. Date of divorce | 20. Date of remarriage |
| 21. Name of the person or organization | 22. Address | 23. City | 24. State | 25. Zip |
| 26. Date of birth | 27. Date of death | 28. Date of marriage | 29. Date of divorce | 30. Date of remarriage |
| 31. Name of the person or organization | 32. Address | 33. City | 34. State | 35. Zip |
| 36. Date of birth | 37. Date of death | 38. Date of marriage | 39. Date of divorce | 40. Date of remarriage |
| 41. Name of the person or organization | 42. Address | 43. City | 44. State | 45. Zip |
| 46. Date of birth | 47. Date of death | 48. Date of marriage | 49. Date of divorce | 50. Date of remarriage |
| 51. Name of the person or organization | 52. Address | 53. City | 54. State | 55. Zip |
| 56. Date of birth | 57. Date of death | 58. Date of marriage | 59. Date of divorce | 60. Date of remarriage |
| 61. Name of the person or organization | 62. Address | 63. City | 64. State | 65. Zip |
| 66. Date of birth | 67. Date of death | 68. Date of marriage | 69. Date of divorce | 70. Date of remarriage |
| 71. Name of the person or organization | 72. Address | 73. City | 74. State | 75. Zip |
| 76. Date of birth | 77. Date of death | 78. Date of marriage | 79. Date of divorce | 80. Date of remarriage |
| 81. Name of the person or organization | 82. Address | 83. City | 84. State | 85. Zip |
| 86. Date of birth | 87. Date of death | 88. Date of marriage | 89. Date of divorce | 90. Date of remarriage |
| 91. Name of the person or organization | 92. Address | 93. City | 94. State | 95. Zip |
| 96. Date of birth | 97. Date of death | 98. Date of marriage | 99. Date of divorce | 100. Date of remarriage |

747-104-004-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHOState File No. De-63-297

| | | | | | | | | |
|--|---|--------------------|--|--------------------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Emerson Pugmire</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>Dec - 4 - 1898</u> | | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>M</u> | 5. Place of Birth
<u>St Charles Bear Lake</u> | a. County
<u>St Charles</u> | b. City or Town of Birth
<u>Idaho</u> | | | |
| FATHER | 6. Full Name of Father
<u>Edward W & Kay Pugmire</u> | | | | 7. State or Country of Father's Birth
<u>Salt Lake City Utah</u> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Louanna Booth</u> | | | | 9. State or Country of Mother's Birth
<u>Grantville Utah</u> | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Emerson Pugmire</u> | | 11. Present Address of Registrant
<u>Hagerman Idaho</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>April 8, 1963</u> | | 12. Signature of Notary Clerk
<u>4th District Court, in and for the County of Gooding, State of Idaho</u> | | | 13. Notary Commission expires
<u>19</u> | | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | | |
|-------------------------|---|---|--|--|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho State File #87183 | | Date issued
---- | Date Orig. Entry
child born
Feb. 6, 1921 | |
| | Date of Birth
Age: 22 | Birth Place
St. Charles, Idaho | Full Name of Mother
----- | | Name of Father
----- | | |
| SUPPORTING
RECORD 2- | Type of Document
Certificate of Baptism and Confirmation | | By whom issued and signed
John A. Blade, Clerk | | Date issued
---- | Date Orig. Entry
baptized
July 21, 1907 | |
| | Date of Birth
Dec. 4, 1898 | Birth Place
Bear Lake County
St. Charles, Idaho | Full Name of Mother
<u>Luanna Booth</u> | | Name of Father
<u>E. M. Pugmire</u> | | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by sister, age: 75 | | By whom issued and signed
Lois P. Passey | | Date issued
April 8, 1963 | Date Orig. Entry | |
| | Date of Birth
Dec. 4, 1898 | Birth Place
St. Charles, Idaho | Full Name of Mother
<u>Louanna Booth Pugmire</u> | | Name of Father
<u>Edward M. Pugmire</u> | | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. BensonEvidence reviewed by
Shirley Miller

Date Filed

April 19, 1963

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

APR 19 1963

| | | | |
|--|--|--|--|
| <p>NAME OF CHILD: <i>James</i></p> | | <p>DATE OF BIRTH: <i>April 19, 1963</i></p> | |
| <p>PLACE OF BIRTH: <i>Wilmington, Delaware</i></p> | | <p>TIME OF BIRTH: <i>10:15 AM</i></p> | |
| <p>SEX: <i>Male</i></p> | | <p>WEIGHT: <i>7.5 lbs</i></p> | |
| <p>LENGTH: <i>20 inches</i></p> | | <p>HEAD CIRCUMFERENCE: <i>13 inches</i></p> | |
| <p>DATE OF REGISTRATION: <i>April 19, 1963</i></p> | | <p>REGISTRAR: <i>[Signature]</i></p> | |
| <p>DATE OF BIRTH: <i>April 19, 1963</i></p> | | <p>PLACE OF BIRTH: <i>Wilmington, Delaware</i></p> | |
| <p>SEX: <i>Male</i></p> | | <p>WEIGHT: <i>7.5 lbs</i></p> | |
| <p>LENGTH: <i>20 inches</i></p> | | <p>HEAD CIRCUMFERENCE: <i>13 inches</i></p> | |
| <p>DATE OF REGISTRATION: <i>April 19, 1963</i></p> | | <p>REGISTRAR: <i>[Signature]</i></p> | |

NOTE: This certificate is valid only if the child is born in the State of Delaware and the parents are residents of the State of Delaware at the time of birth.

DATE OF BIRTH: *April 19, 1963*

PLACE OF BIRTH: *Wilmington, Delaware*

SEX: *Male*

WEIGHT: *7.5 lbs*

LENGTH: *20 inches*

HEAD CIRCUMFERENCE: *13 inches*

DATE OF REGISTRATION: *April 19, 1963*

REGISTRAR: *[Signature]*

636-229-004-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-298

| | | | | | | |
|--|---|--------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Eris Margery Floyd</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>April 29 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>St Charles, Bear Lake</i> | | a. County
<i>St Charles, Ida</i> | |
| FATHER | 6. Full Name of Father
<i>George Henry Floyd</i> | | | | 7. State or Country of Father's Birth
<i>St Charles Idaho</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Charlotte Margery Bateman</i> | | | | 9. State or Country of Mother's Birth
<i>Bloomington Idaho</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Eris M. Piquero</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 8, 19 63</i> | | | | 11. Present Address of Registrant
<i>Hagerman Ida</i> | |
| | 12. Signature of Notary Clerk
<i>Shirley Miller</i> | | | | 13. Notary Commission expires
4th District Court, in and for the County of Gooding
State of Idaho 19 | |

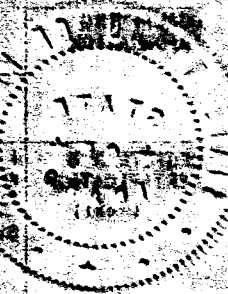
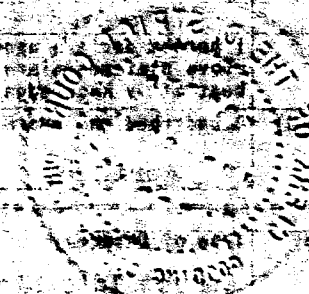
APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---|---|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
<i>Own child's birth certificate</i> | | By whom issued and signed
<i>Idaho State File #87183</i> | | Date issued
---- | Date Orig. Entry
child born
<i>Feb. 6, 1921</i> |
| | Date of Birth
<i>Age: 22</i> | Birth Place
<i>St. Charles, Idaho</i> | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
<i>Certificate of Baptism and Confirmation</i> | | By whom issued and signed
<i>John A. Blade, Clerk</i> | | Date issued
----- | Date Orig. Entry
baptized
<i>Aug. 26, 1906</i> |
| | Date of Birth
<i>April 29, 1898</i> | Birth Place
<i>Bear Lake County St. Charles, Idaho</i> | Full Name of Mother
<i>Charlotte M. Bateman</i> | | Name of Father
<i>George H. Floyd</i> | |
| SUPPORTING
RECORD 3- | Type of Document
<i>Patriarchal Blessing</i> | | By whom issued and signed
<i>Joseph H. Cooper, Patriarch</i> | | Date issued
----- | Date Orig. Entry
<i>Sept. 24, 1933</i> |
| | Date of Birth
<i>April 29, 1898</i> | Birth Place
<i>St. Charles, Idaho</i> | Full Name of Mother
<i>Margery Bateman Floyd</i> | | Name of Father
<i>George H. Floyd</i> | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Shirley Miller</i> | | Date Filed
<i>April 19, 1963</i> | |

RECEIVED TO STAGNATED CATALAN
STATE OF CALIFORNIA

APR 19 1963

| | | | | | | | | | | | | | | | | | | | | |
|---|------|-------|--------|---------------|----------------|-----------|----------|-----|------|--------|--------|------|------|------|-------|------|-------|-------|-------|-------|
| NAME | LAST | FIRST | MIDDLE | DATE OF BIRTH | PLACE OF BIRTH | EDUCATION | RELIGION | SEX | RACE | HEIGHT | WEIGHT | HAIR | EYES | SKIN | TEETH | TOES | MARKS | SCARS | MOLES | OTHER |
| <i>[Signature]</i> | | | | | | | | | | | | | | | | | | | | |
| 1. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 2. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 3. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 4. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 5. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 6. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 7. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 8. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 9. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 10. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 11. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 12. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 13. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 14. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 15. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 16. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 17. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 18. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 19. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |
| 20. I, the undersigned, do hereby certify that the above named person is the owner of the property described in the foregoing certificate of title. | | | | | | | | | | | | | | | | | | | | |



633-122-008-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHOState File No. **Be-63-315**

| | | | | | | | |
|--|---|-----------------------|-----------------------------------|--|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>George Kelso Ottenbacher</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Aug. 22 1898</i> | | |
| | 3. Color of Race
<i>White</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Boise</i> | | 6. City or Town of Birth
<i>Idaho City</i> | | |
| FATHER | 6. Full Name of Father
<i>William Henry Ottenbacher</i> | | | | 7. State or Country of Father's Birth
<i>Indiana</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Lois Louise Ralph</i> | | | | 9. State or Country of Mother's Birth
<i>Nebraska</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>George Kelso Ottenbacher</i> | | 11. Present Address of Registrant
<i>2362 SW Cactus drive
Portland Oregon</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>Feb. 20 1963</i> | | | | 12. Signature of Notary
<i>Charles Linnville</i> | | 13. Notary Commission expires
<i>Feb. 2, 1966</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|----------------------------------|---|--|---|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Certified copy of marriage certificate | | By whom issued and signed
Dorothy E. Roth, Deputy Auditor | | Date issued
July 10, 1962 | Date Orig. Entry
Nov. 23, 1921 |
| | Date of Birth
Age: 23 | Birth Place
Idaho | Full Name of Mother
Lois Ralph | | Name of Father
William Ottenbacher | |
| SUPPORTING
RECORD 2. | Type of Document
photo copy of insurance application | | By whom issued and signed
Mutual Benefit Health & Accident Association | | Date issued
--- | Date Orig. Entry
April 27, 1942 |
| | Date of Birth
Aug. 22, 1898 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by aunt; age: 80 | | By whom issued and signed
Rebecca E. Christoph | | Date issued
April 1, 1963 | Date Orig. Entry |
| | Date of Birth
Aug. 22, 1898 | Birth Place
Idaho City, Idaho | Full Name of Mother
Lois Louise Ralph Ottenbacher | | Name of Father
William Henry Ottenbacher | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. Benson

Evidence reviewed by

Shirley Miller

Date Filed

April 26, 1963

APR 26 1963

Section 87A:
in the Police
Section 87A:

10

SECRET

1990

... ..

315-114-044-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-320

| | | | | | | |
|--|---|-----------------------|---|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Francis Dewey Lane | | | 2. Date (month) (day) (year)
Of Birth January 14 1898 | | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth a. County
12 miles east of Weiser Washington Weiser Idaho | | | |
| FATHER | 6. Full Name of Father
John Wesley Lane | | | 7. State or Country of Father's Birth
Iowa | | |
| MOTHER | 8. Full Maiden Name of Mother
Victoria Alice Kelley | | | 9. State or Country of Mother's Birth
Tarkio, Missouri | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Francis D. Lane</i> | | 11. Present Address of Registrant
Bridgeport, Oregon |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 10 19 63 | | | 12. Signature of Notary
Dennis L. Fuller, County Clerk | | 13. Notary Commission expires
<i>April 10, 1964</i> |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|---|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
Honorable Discharge from the United States Army | | By whom issued and signed
J. B. Frisbee, Capt. Infantry 47 Co., 166 D'B | | Date issued
Jan. 18, 1919 | Date Orig. Entry
enlisted
Mar. 6, 1918 |
| | Date of Birth
Age: 20 | Birth Place
Weiser, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by aunt; born 1874 | | By whom issued and signed
Cora Blanch Harington | | Date issued
April 17, 1963 | Date Orig. Entry
April 17, 1963 |
| | Date of Birth
Jan. 14, 1898 | Birth Place
Washington County Weiser, Idaho | Full Name of Mother
Victoria Alice Kelley | | Name of Father
John Wesley Lane | |
| SUPPORTING
RECORD 3. | Type of Document
Statement regarding school census record; Baker County Rural School District #16 | | By whom issued and signed
Kether Swiger, Secretary | | Date issued
April 10, 1963 | Date Orig. Entry
Nov. 1906 |
| | Date of Birth
Age: 8 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
J. W. Lane | |

| | | | |
|--|--|---|-------------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Shirley Miller | Date Filed
April 29, 1963 |

MAIL ROOM 1740 10/19/40 0374 110
DRAGG TO 1740

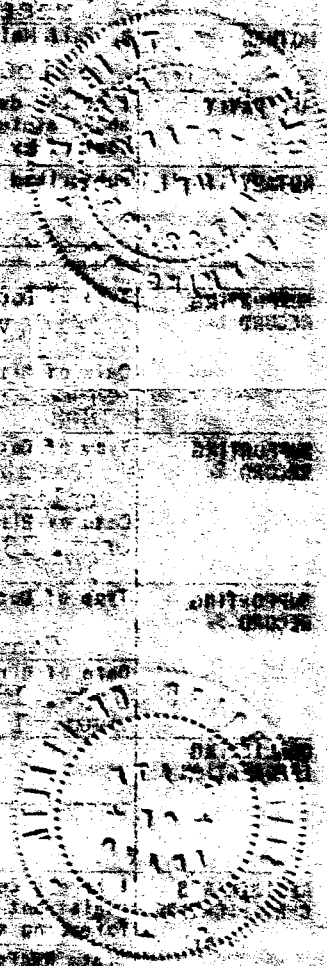
[illegible][illegible]

1. Subject John Doe
 2. Address 123 Main St, New York, NY 10001
 3. Phone 212-555-1234
 4. Occupation Software Engineer
 5. Education BS in Computer Science, NYU
 6. Employer ABC Corp
 7. Marital Status Single
 8. Religion Catholic
 9. Political Party Democrat
 10. Other None

MAY 8 1963

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

| | | | | | |
|---|--|---|--|---|--|
| 1. Name of child
[Illegible] | | 2. Date of birth
[Illegible] | | 3. Place of birth
[Illegible] | |
| 4. Name of mother
[Illegible] | | 5. Name of father
[Illegible] | | 6. Date of marriage
[Illegible] | |
| 7. Name of mother at birth
[Illegible] | | 8. Name of father at birth
[Illegible] | | 9. Date of birth of mother
[Illegible] | |
| 10. Date of birth of father
[Illegible] | | 11. Name of mother at birth
[Illegible] | | 12. Name of father at birth
[Illegible] | |
| 13. Name of mother at birth
[Illegible] | | 14. Name of father at birth
[Illegible] | | 15. Date of birth of mother
[Illegible] | |
| 16. Date of birth of father
[Illegible] | | 17. Name of mother at birth
[Illegible] | | 18. Name of father at birth
[Illegible] | |
| 19. Name of mother at birth
[Illegible] | | 20. Name of father at birth
[Illegible] | | 21. Date of birth of mother
[Illegible] | |
| 22. Date of birth of father
[Illegible] | | 23. Name of mother at birth
[Illegible] | | 24. Name of father at birth
[Illegible] | |
| 25. Name of mother at birth
[Illegible] | | 26. Name of father at birth
[Illegible] | | 27. Date of birth of mother
[Illegible] | |
| 28. Date of birth of father
[Illegible] | | 29. Name of mother at birth
[Illegible] | | 30. Name of father at birth
[Illegible] | |
| 31. Name of mother at birth
[Illegible] | | 32. Name of father at birth
[Illegible] | | 33. Date of birth of mother
[Illegible] | |
| 34. Date of birth of father
[Illegible] | | 35. Name of mother at birth
[Illegible] | | 36. Name of father at birth
[Illegible] | |
| 37. Name of mother at birth
[Illegible] | | 38. Name of father at birth
[Illegible] | | 39. Date of birth of mother
[Illegible] | |
| 40. Date of birth of father
[Illegible] | | 41. Name of mother at birth
[Illegible] | | 42. Name of father at birth
[Illegible] | |
| 43. Name of mother at birth
[Illegible] | | 44. Name of father at birth
[Illegible] | | 45. Date of birth of mother
[Illegible] | |
| 46. Date of birth of father
[Illegible] | | 47. Name of mother at birth
[Illegible] | | 48. Name of father at birth
[Illegible] | |
| 49. Name of mother at birth
[Illegible] | | 50. Name of father at birth
[Illegible] | | 51. Date of birth of mother
[Illegible] | |
| 52. Date of birth of father
[Illegible] | | 53. Name of mother at birth
[Illegible] | | 54. Name of father at birth
[Illegible] | |
| 55. Name of mother at birth
[Illegible] | | 56. Name of father at birth
[Illegible] | | 57. Date of birth of mother
[Illegible] | |
| 58. Date of birth of father
[Illegible] | | 59. Name of mother at birth
[Illegible] | | 60. Name of father at birth
[Illegible] | |
| 61. Name of mother at birth
[Illegible] | | 62. Name of father at birth
[Illegible] | | 63. Date of birth of mother
[Illegible] | |
| 64. Date of birth of father
[Illegible] | | 65. Name of mother at birth
[Illegible] | | 66. Name of father at birth
[Illegible] | |
| 67. Name of mother at birth
[Illegible] | | 68. Name of father at birth
[Illegible] | | 69. Date of birth of mother
[Illegible] | |
| 70. Date of birth of father
[Illegible] | | 71. Name of mother at birth
[Illegible] | | 72. Name of father at birth
[Illegible] | |
| 73. Name of mother at birth
[Illegible] | | 74. Name of father at birth
[Illegible] | | 75. Date of birth of mother
[Illegible] | |
| 76. Date of birth of father
[Illegible] | | 77. Name of mother at birth
[Illegible] | | 78. Name of father at birth
[Illegible] | |
| 79. Name of mother at birth
[Illegible] | | 80. Name of father at birth
[Illegible] | | 81. Date of birth of mother
[Illegible] | |
| 82. Date of birth of father
[Illegible] | | 83. Name of mother at birth
[Illegible] | | 84. Name of father at birth
[Illegible] | |
| 85. Name of mother at birth
[Illegible] | | 86. Name of father at birth
[Illegible] | | 87. Date of birth of mother
[Illegible] | |
| 88. Date of birth of father
[Illegible] | | 89. Name of mother at birth
[Illegible] | | 90. Name of father at birth
[Illegible] | |
| 91. Name of mother at birth
[Illegible] | | 92. Name of father at birth
[Illegible] | | 93. Date of birth of mother
[Illegible] | |
| 94. Date of birth of father
[Illegible] | | 95. Name of mother at birth
[Illegible] | | 96. Name of father at birth
[Illegible] | |
| 97. Name of mother at birth
[Illegible] | | 98. Name of father at birth
[Illegible] | | 99. Date of birth of mother
[Illegible] | |
| 100. Date of birth of father
[Illegible] | | 101. Name of mother at birth
[Illegible] | | 102. Name of father at birth
[Illegible] | |



962-207-022-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D#63-382

| | | | | | | |
|--|--|-----------------------------------|---|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Lorraine Maude Robertson</i> | | | 2. Date (month) (day) (year)
Birth <i>Dec</i> <i>7</i> <i>1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth a. County
<i>Egin, Blaine, Fremont</i> | b. City or Town of Birth
<i>Rephing, Ida</i> | | |
| FATHER | 6. Full Name of Father
<i>Joseph Clements Robertson</i> | | | 7. State or Country of Father's Birth
<i>Lake City, Iowa</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Elizabeth Mae Hawley</i> | | | 9. State or Country of Mother's Birth
<i>Sunnyside, Idaho</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Lorraine M. Drake</i> | | 11. Present Address of Registrant
<i>309 N. 1st, Boise, Ida</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 22 1963</i> | | | 12. Signature of Notary
<i>Lois A. Montaloni</i> | | 13. Notary Commission expires
<i>Sept 14 1966</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
<i>Own child's birth certificate on file Idaho #97600</i> | | | By whom issued and signed
----- | | Date issued
----- |
| | Date of Birth
<i>Age 23</i> | Birth Place
<i>Egin, Idaho</i> | Full Name of Mother
----- | | Date Orig. Entry
<i>Child born Dec 11, 1921</i> | |
| SUPPORTING
RECORD 2- | Type of Document
<i>Statement by physician</i> | | | By whom issued and signed
<i>Quentin E. Howard, M. D.</i> | | Date issued
<i>May 6, 1963</i> |
| | Date of Birth
<i>December 7, 1898</i> | Birth Place
----- | Full Name of Mother
----- | | Date Orig. Entry
<i>April 29, 1949-
October 1954</i> | |
| SUPPORTING
RECORD 3- | Type of Document
<i>Affidavit by Uncle, Age 86</i> | | | By whom issued and signed
<i>W. F. Robertson</i> | | Date issued
----- |
| | Date of Birth
<i>December 7, 1898</i> | Birth Place
<i>Egin, Idaho</i> | Full Name of Mother
<i>Elizabeth Mae Robertson</i> | | Date Orig. Entry
<i>April 29, 1963</i> | |
| QUALIFYING
INFORMATION | | | | | | |
| | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar

<i>W. W. Benson</i> | | | Evidence reviewed by

<i>bf Betty Morris</i> | | Date Filed

<i>May 21, 1963</i> |

RECEIVED
STATE OF TEXAS

THE UNIVERSITY OF CHICAGO

[illegible][illegible][illegible]

133-203-029-617

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-399

| | | | | | | | |
|--|---|--------------------|---------------------------------------|---------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ira Mabel Colley</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>May</i> <i>3rd</i> <i>1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Juliaetta</i> | a. County
<i>Latah</i> | b. City or Town of Birth
<i>Juliaetta</i> <i>Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Thomas Edward Attebery</i> | | | | 7. State or Country of Father's Birth
<i>Moweaqua, Shelby Co. Illinois</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Martha Idella Waggoner</i> | | | | 9. State or Country of Mother's Birth
<i>Bruce, Monticue Co. Illinois</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ira Mabel Colley</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Nov. 24</i> <i>1961</i> | | | | 12. Signature of Notary
<i>Robert E. Lund</i> | | 11. Present Address of Registrant
<i>225 A St
Hermiston, Oregon</i> |
| | | | | | 13. Notary Commission expires
<i>Nov. 2</i> <i>1964</i> | | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---|---|--|--|------------------------------------|
| SUPPORTING
RECORD 1. | Type of Document
photo copy of application for
life insurance | | By whom issued and signed
Pyramid Life Insurance Co. | | Date issued
----- | Date Orig. Entry
Sept. 24, 1956 |
| | Date of Birth
May 3, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Certified copy of Voting
Registration | | By whom issued and signed
Harriet Davidson, Deputy Clerk | | Date issued
Dec. 11, 1961 | Date Orig. Entry
Aug. 30, 1940 |
| | Date of Birth
May 3, 1898 | Birth Place
Latah County
Juliaetta, Idaho | Full Name of Mother
Martha Attebery | | Name of Father
T. E. Attebery | |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by sister, 13 Yrs. | | By whom issued and signed
Effie Parke | | Date issued
November | Date Orig. Entry
24, 1961 |
| | Date of Birth
May 3, 1898 | Birth Place
Latah County
Juliaetta, Idaho | Full Name of Mother
Martha Idella Waggoner | | Name of Father
Thomas Edward Attebery | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Shirley Miller | | Date Filed
May 31, 1963 | |

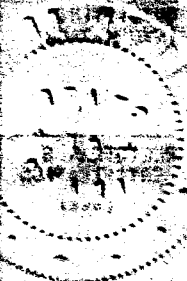
DECLAYED CERTIFICATE OF BIRTH STATE OF IDAHO

MAY 31 1962

| | | | |
|-------------------------------|------------------------------------|-------------------------------------|------------------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Sex of child |
| 5. Name of mother at birth | 6. Date of mother's birth | 7. Place of mother's birth | 8. Sex of mother |
| 9. Name of father at birth | 10. Date of father's birth | 11. Place of father's birth | 12. Sex of father |
| 13. Name of child at present | 14. Date of child's present birth | 15. Place of child's present birth | 16. Sex of child at present |
| 17. Name of mother at present | 18. Date of mother's present birth | 19. Place of mother's present birth | 20. Sex of mother at present |
| 21. Name of father at present | 22. Date of father's present birth | 23. Place of father's present birth | 24. Sex of father at present |



| | | | |
|-------------------------------|------------------------------------|-------------------------------------|------------------------------|
| 25. Name of child at present | 26. Date of child's present birth | 27. Place of child's present birth | 28. Sex of child at present |
| 29. Name of mother at present | 30. Date of mother's present birth | 31. Place of mother's present birth | 32. Sex of mother at present |
| 33. Name of father at present | 34. Date of father's present birth | 35. Place of father's present birth | 36. Sex of father at present |
| 37. Name of child at present | 38. Date of child's present birth | 39. Place of child's present birth | 40. Sex of child at present |
| 41. Name of mother at present | 42. Date of mother's present birth | 43. Place of mother's present birth | 44. Sex of mother at present |
| 45. Name of father at present | 46. Date of father's present birth | 47. Place of father's present birth | 48. Sex of father at present |



| | | | |
|-------------------------------|------------------------------------|-------------------------------------|------------------------------|
| 49. Name of child at present | 50. Date of child's present birth | 51. Place of child's present birth | 52. Sex of child at present |
| 53. Name of mother at present | 54. Date of mother's present birth | 55. Place of mother's present birth | 56. Sex of mother at present |
| 57. Name of father at present | 58. Date of father's present birth | 59. Place of father's present birth | 60. Sex of father at present |
| 61. Name of child at present | 62. Date of child's present birth | 63. Place of child's present birth | 64. Sex of child at present |
| 65. Name of mother at present | 66. Date of mother's present birth | 67. Place of mother's present birth | 68. Sex of mother at present |
| 69. Name of father at present | 70. Date of father's present birth | 71. Place of father's present birth | 72. Sex of father at present |

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-451

| | | | | | | |
|--|---|--------------------|---|--|---|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Elska Viola Humphrey</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Aug 13 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Hope, Idaho</i> | | 6. City or Town of Birth
<i>Hope</i> | |
| FATHER | 6. Full Name of Father
<i>Joseph Andrew Humphrey</i> | | | | 7. State or Country of Father's Birth
<i>Canada</i> | |
| MOTHER | 8. Full Mother Name of Mother
<i>Elska Schnell</i> | | | | 9. State or Country of Mother's Birth
<i>Illinois</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Viola Humphrey</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 19 1963</i> | | | | 11. Present Address of Registrant
<i>Roslyn, Wn.</i> | |
| | | | | | 12. Signature of Notary
<i>A. Smith</i> | |
| | | | | | 13. Notary Commission expires
<i>July 11 1965</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-----------------------------------|--|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Photo copy of High School record | | By whom issued and signed
<i>W. E. Hicks, Supt.,
Mabton, Washington</i> | | Date Issued
----- | Date Orig. Entry
<i>Sept. 1913</i> |
| | Date of Birth
<i>Aug. 13, 1898</i> | Birth Place
<i>Hope, Idaho</i> | Full Name of Mother
----- | | Name of Father
<i>Joseph A. Humphrey</i> | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by aunt, age: 74 | | By whom issued and signed
<i>Anne L. Armstrong</i> | | Date issued
<i>June 1963</i> | Date Orig. Entry
<i>June 1963</i> |
| | Date of Birth
<i>Aug. 13, 1898</i> | Birth Place
<i>Hope, Idaho</i> | Full Name of Mother
<i>Elska Schnell Humphrey</i> | | Name of Father
<i>Joseph A. Humphrey</i> | |
| SUPPORTING
RECORD 3- | Type of Document
Statement regarding College Records; Univ. of Wash. | | By whom issued and signed
<i>Ethelyn Tener, Registrar</i> | | Date issued
<i>June 14, 1963</i> | Date Orig. Entry
<i>June 20, 1922</i> |
| | Date of Birth
<i>Aug. 13, 1898</i> | Birth Place
----- | Full Name of Mother
----- | | Name of Father
<i>KJ. A. Humphrey</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
<i>Shirley Miller</i> | Date Filed
<i>June 25, 1963</i> |

651205-004-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-496

| | | | | | | |
|--|---|-------------------------|---------------------------------------|---|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
Lucille Weaver | | | 2. Date (month) (day) (year)
Of Birth August 5 1898 | | |
| | 3. Color or Race
white | 4. Sex
Female | 5. Place of Birth
Bear Lake | a. County
Bennington | | |
| FATHER | 6. Full Name of Father
Riley Weaver | | | 7. State or Country of Father's Birth
United States -Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Margaret Duncan | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Lucille Weaver Larson</i> | | 11. Present Address of Registrant
Raymond, Alberta |
| NOTARY (Seal) | Subscribed and sworn to before me on
4 July 19 63 | | | 12. Signature of Notary
<i>W.L. Jones</i> | | 13. Notary Commission expired
is permanent 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|---|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
True copy of hospital admission record | | By whom issued and signed
S.W. King, Raymond Municipal Hospital | | Date issued
--- | Date Orig. Entry
July 17, 1957 |
| | Date of Birth
Aug. 5, 1898 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Certificate of Baptism and Confirmation | | By whom issued and signed
Bert R. Hall, Bishop | | Date issued
July 2, 1963 | Date Orig. Entry
baptized Sept., 1907 |
| | Date of Birth
Aug. 5, 1898 | Birth Place
Bennington, Idaho | Full Name of Mother
Maggie Duncan | | Name of Father
Riley Weaver | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by mother | | By whom issued and signed
Margaret Weaver Meldrum | | Date issued
February 21, 1953 | Date Orig. Entry
--- |
| | Date of Birth
Aug. 5, 1898 | Birth Place
Bennington, Idaho | Full Name of Mother
Margaret Weaver Meldrum | | Name of Father
Q----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
Shirley Miller | Date Filed
July 16, 1963 |

DECEASED CERTIFICATE OF BIRTH STATE OF OHIO

JUL 15 1963

Handwritten signature

| | | | | | | | | | | | |
|--------------------|-------------------|--------------------|---------|----------|-----------|------------|------------|----------|----------|----------|------------------------------|
| 1. Name of child | 2. Date of birth | 3. Place of birth | 4. Sex | 5. Race | 6. Color | 7. Height | 8. Weight | 9. Eyes | 10. Hair | 11. Skin | 12. Birth certificate number |
| 13. Name of mother | 14. Date of birth | 15. Place of birth | 16. Sex | 17. Race | 18. Color | 19. Height | 20. Weight | 21. Eyes | 22. Hair | 23. Skin | 24. Birth certificate number |
| 25. Name of father | 26. Date of birth | 27. Place of birth | 28. Sex | 29. Race | 30. Color | 31. Height | 32. Weight | 33. Eyes | 34. Hair | 35. Skin | 36. Birth certificate number |
| 37. Name of child | 38. Date of birth | 39. Place of birth | 40. Sex | 41. Race | 42. Color | 43. Height | 44. Weight | 45. Eyes | 46. Hair | 47. Skin | 48. Birth certificate number |
| 49. Name of mother | 50. Date of birth | 51. Place of birth | 52. Sex | 53. Race | 54. Color | 55. Height | 56. Weight | 57. Eyes | 58. Hair | 59. Skin | 60. Birth certificate number |
| 61. Name of father | 62. Date of birth | 63. Place of birth | 64. Sex | 65. Race | 66. Color | 67. Height | 68. Weight | 69. Eyes | 70. Hair | 71. Skin | 72. Birth certificate number |



| | | | | | | | | | | | |
|---------------------|--------------------|---------------------|----------|-----------|------------|-------------|-------------|-----------|-----------|-----------|-------------------------------|
| 73. Name of child | 74. Date of birth | 75. Place of birth | 76. Sex | 77. Race | 78. Color | 79. Height | 80. Weight | 81. Eyes | 82. Hair | 83. Skin | 84. Birth certificate number |
| 85. Name of mother | 86. Date of birth | 87. Place of birth | 88. Sex | 89. Race | 90. Color | 91. Height | 92. Weight | 93. Eyes | 94. Hair | 95. Skin | 96. Birth certificate number |
| 97. Name of father | 98. Date of birth | 99. Place of birth | 100. Sex | 101. Race | 102. Color | 103. Height | 104. Weight | 105. Eyes | 106. Hair | 107. Skin | 108. Birth certificate number |
| 109. Name of child | 110. Date of birth | 111. Place of birth | 112. Sex | 113. Race | 114. Color | 115. Height | 116. Weight | 117. Eyes | 118. Hair | 119. Skin | 120. Birth certificate number |
| 121. Name of mother | 122. Date of birth | 123. Place of birth | 124. Sex | 125. Race | 126. Color | 127. Height | 128. Weight | 129. Eyes | 130. Hair | 131. Skin | 132. Birth certificate number |
| 133. Name of father | 134. Date of birth | 135. Place of birth | 136. Sex | 137. Race | 138. Color | 139. Height | 140. Weight | 141. Eyes | 142. Hair | 143. Skin | 144. Birth certificate number |



| | | | | | | | | | | | |
|---------------------|--------------------|---------------------|----------|-----------|------------|-------------|-------------|-----------|-----------|-----------|-------------------------------|
| 145. Name of child | 146. Date of birth | 147. Place of birth | 148. Sex | 149. Race | 150. Color | 151. Height | 152. Weight | 153. Eyes | 154. Hair | 155. Skin | 156. Birth certificate number |
| 157. Name of mother | 158. Date of birth | 159. Place of birth | 160. Sex | 161. Race | 162. Color | 163. Height | 164. Weight | 165. Eyes | 166. Hair | 167. Skin | 168. Birth certificate number |
| 169. Name of father | 170. Date of birth | 171. Place of birth | 172. Sex | 173. Race | 174. Color | 175. Height | 176. Weight | 177. Eyes | 178. Hair | 179. Skin | 180. Birth certificate number |
| 181. Name of child | 182. Date of birth | 183. Place of birth | 184. Sex | 185. Race | 186. Color | 187. Height | 188. Weight | 189. Eyes | 190. Hair | 191. Skin | 192. Birth certificate number |
| 193. Name of mother | 194. Date of birth | 195. Place of birth | 196. Sex | 197. Race | 198. Color | 199. Height | 200. Weight | 201. Eyes | 202. Hair | 203. Skin | 204. Birth certificate number |
| 205. Name of father | 206. Date of birth | 207. Place of birth | 208. Sex | 209. Race | 210. Color | 211. Height | 212. Weight | 213. Eyes | 214. Hair | 215. Skin | 216. Birth certificate number |

219-207-036-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De-63-532

| | | | | | | |
|--|---|-------------------------|-----------------------------------|---------------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Retta Barnhart</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov. 7 1898</i> | |
| | 3. Color or Race
<i>Caucasian</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Idaho</i> | 6. County
<i>Power</i> | 7. City or Town of Birth
<i>Rockland</i> | |
| FATHER | 6. Full Name of Father
<i>William Daniel Barnhart</i> | | | | 7. State or Country of Father's Birth
<i>Ohio</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sarah Ann Mower</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Retta Barnhart</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>6-18 1963</i> | | | | 11. Present Address of Registrant
<i>238 Ms. Cullen
Los Angeles Calif</i> | |
| | 12. Signature of Notary
<i>Wheatley Shearer</i> | | | | 13. Notary Commission expires
MY COMMISSION EXPIRES JAN. 22, 196
19 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--------------------------------|--|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by sister, born 1884 | | By whom issued and signed
Estella Barnhart Jackson | | Date Issued
July 3, 1963 | Date Orig. Entry |
| | Date of Birth
Nov. 7, 1898 | Birth Place
Rockland, Idaho | Full Name of Mother
Sarah Ann Mower | | Name of Father
William Daniel Barnhart | |
| SUPPORTING
RECORD 2- | Type of Document
Certified copy of own child's birth certificate | | By whom issued and signed
Los Angeles File #12729 | | Date Issued
May 16, 1945 | Date Orig. Entry
child born Aug. 25, 1924 |
| | Date of Birth
Age: 25 | Birth Place
Idaho | Full Name of Mother
---- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Certified copy of marriage license | | By whom issued and signed
Ray E. Lee, County Recorder | | Date issued
June 14, 1963 | Date Orig. Entry
Jan. 10, 1923 |
| | Date of Birth
Age: 24 | Birth Place
Idaho | Full Name of Mother
Sarah Mower | | Name of Father
Wm. D. Barnhart | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Shirley Miller

Date Filed
July 25, 1963

JUL 26 1969

A circular library stamp from the University of Toronto Libraries. The text "UNIVERSITY OF TORONTO LIBRARIES" is arranged in a circle around the perimeter. In the center, the year "1975" is printed. The stamp is slightly faded and has a textured appearance.

1. The first of these is the fact that the Commission has not yet received a response from the Government of the United Kingdom regarding the request for information made in the letter of 10 October 1991.

[Handwritten signature]

613-102-004-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-558

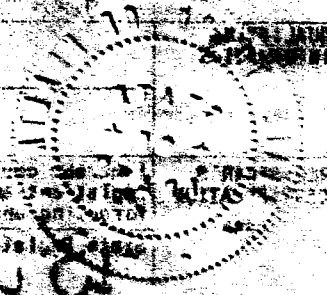
| | | | | | | | | |
|--|---|-----------------------|---|--|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>CHARLES ARCHIBALD WALLENTINE</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>APRIL</u> <u>2</u> <u>1898</u> | | | |
| | 3. Color or Race
<u>WHITE</u> | 4. Sex
<u>MALE</u> | 5. Place of Birth
<u>PARIS IDAHO</u> | | a. County
<u>BEAR LAKE</u> | | | |
| FATHER | 6. Full Name of Father
<u>CHRISTIAN WILLIAM WALLENTINE</u> | | | | b. City or Town of Birth
<u>PARIS IDAHO</u> | | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>ELTHURA ROSELTHA O'KEY</u> | | | | 7. State or Country of Father's Birth
<u>Utah - Provo, Brigham City</u> | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Charles A. Wallentine</u> | | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>July 11-1963</u> <u>1963</u> | | | | 11. Present Address of Registrant
<u>Utah - Lehi</u> | | | |
| | | | | | 12. Signature of Notary
<u>L. H. Okey</u> | | | |
| | | | | | 13. Notary Commission expires
<u>Oct 10 '14</u> <u>1966</u> | | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|--|------------------------------------|--|--|---|--|--|
| SUPPORTING RECORD 1. | Type of Document
<u>Dwn child's birth certificate</u> | | By whom issued and signed
<u>Idaho State File #158399</u> | | Date issued
<u>----</u> | Date Orig. Entry
child born
<u>Jan. 15, 1928</u> | |
| | Date of Birth
<u>Age: 29</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Affidavit by uncle, age: 90</u> | | By whom issued and signed
<u>Walter H. Lewis</u> | | Date issued
<u>July 22, 1963</u> | Date Orig. Entry
<u>-----</u> | |
| | Date of Birth
<u>April 2, 1898</u> | Birth Place
<u>Paris, Idaho</u> | Full Name of Mother
<u>Elthura Roseltha Oakey</u> | | Name of Father
<u>Christian William Wallentine</u> | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Photo copy of app. for insurance</u> | | By whom issued and signed
<u>Commercial Travelers Insurance Company</u> | | Date issued
<u>----</u> | Date Orig. Entry
<u>Sept. 28, 1955</u> | |
| | Date of Birth
<u>April 2, 1898</u> | Birth Place
<u>Paris, -----</u> | Full Name of Mother
<u>-----</u> | | Name of Father
<u>-----</u> | | |
| QUALIFYING INFORMATION | | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<u>W. W. Benson</u> | | Evidence reviewed by
<u>Shirley Miller</u> | | | Date Filed
<u>August 7, 1963</u> | |

DECEASED CERTIFICATE OF BIRTH
STATE OF IOWA

AUG 7 1963

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| 1. Name of child at birth
<i>William</i> | | 2. Date of birth
<i>1963</i> | | 3. Place of birth
<i>State of Iowa</i> | |
| 4. Name of father
<i>William</i> | | 5. Name of mother
<i>William</i> | | 6. Date of marriage
<i>1963</i> | |
| 7. Name of child at birth
<i>William</i> | | 8. Date of birth
<i>1963</i> | | 9. Place of birth
<i>State of Iowa</i> | |
| 10. Name of father
<i>William</i> | | 11. Name of mother
<i>William</i> | | 12. Date of marriage
<i>1963</i> | |
| 13. Name of child at birth
<i>William</i> | | 14. Date of birth
<i>1963</i> | | 15. Place of birth
<i>State of Iowa</i> | |
| 16. Name of father
<i>William</i> | | 17. Name of mother
<i>William</i> | | 18. Date of marriage
<i>1963</i> | |
| 19. Name of child at birth
<i>William</i> | | 20. Date of birth
<i>1963</i> | | 21. Place of birth
<i>State of Iowa</i> | |
| 22. Name of father
<i>William</i> | | 23. Name of mother
<i>William</i> | | 24. Date of marriage
<i>1963</i> | |
| 25. Name of child at birth
<i>William</i> | | 26. Date of birth
<i>1963</i> | | 27. Place of birth
<i>State of Iowa</i> | |
| 28. Name of father
<i>William</i> | | 29. Name of mother
<i>William</i> | | 30. Date of marriage
<i>1963</i> | |
| 31. Name of child at birth
<i>William</i> | | 32. Date of birth
<i>1963</i> | | 33. Place of birth
<i>State of Iowa</i> | |
| 34. Name of father
<i>William</i> | | 35. Name of mother
<i>William</i> | | 36. Date of marriage
<i>1963</i> | |
| 37. Name of child at birth
<i>William</i> | | 38. Date of birth
<i>1963</i> | | 39. Place of birth
<i>State of Iowa</i> | |
| 40. Name of father
<i>William</i> | | 41. Name of mother
<i>William</i> | | 42. Date of marriage
<i>1963</i> | |
| 43. Name of child at birth
<i>William</i> | | 44. Date of birth
<i>1963</i> | | 45. Place of birth
<i>State of Iowa</i> | |
| 46. Name of father
<i>William</i> | | 47. Name of mother
<i>William</i> | | 48. Date of marriage
<i>1963</i> | |
| 49. Name of child at birth
<i>William</i> | | 50. Date of birth
<i>1963</i> | | 51. Place of birth
<i>State of Iowa</i> | |
| 52. Name of father
<i>William</i> | | 53. Name of mother
<i>William</i> | | 54. Date of marriage
<i>1963</i> | |
| 55. Name of child at birth
<i>William</i> | | 56. Date of birth
<i>1963</i> | | 57. Place of birth
<i>State of Iowa</i> | |
| 58. Name of father
<i>William</i> | | 59. Name of mother
<i>William</i> | | 60. Date of marriage
<i>1963</i> | |
| 61. Name of child at birth
<i>William</i> | | 62. Date of birth
<i>1963</i> | | 63. Place of birth
<i>State of Iowa</i> | |
| 64. Name of father
<i>William</i> | | 65. Name of mother
<i>William</i> | | 66. Date of marriage
<i>1963</i> | |
| 67. Name of child at birth
<i>William</i> | | 68. Date of birth
<i>1963</i> | | 69. Place of birth
<i>State of Iowa</i> | |
| 70. Name of father
<i>William</i> | | 71. Name of mother
<i>William</i> | | 72. Date of marriage
<i>1963</i> | |
| 73. Name of child at birth
<i>William</i> | | 74. Date of birth
<i>1963</i> | | 75. Place of birth
<i>State of Iowa</i> | |
| 76. Name of father
<i>William</i> | | 77. Name of mother
<i>William</i> | | 78. Date of marriage
<i>1963</i> | |
| 79. Name of child at birth
<i>William</i> | | 80. Date of birth
<i>1963</i> | | 81. Place of birth
<i>State of Iowa</i> | |
| 82. Name of father
<i>William</i> | | 83. Name of mother
<i>William</i> | | 84. Date of marriage
<i>1963</i> | |
| 85. Name of child at birth
<i>William</i> | | 86. Date of birth
<i>1963</i> | | 87. Place of birth
<i>State of Iowa</i> | |
| 88. Name of father
<i>William</i> | | 89. Name of mother
<i>William</i> | | 90. Date of marriage
<i>1963</i> | |
| 91. Name of child at birth
<i>William</i> | | 92. Date of birth
<i>1963</i> | | 93. Place of birth
<i>State of Iowa</i> | |
| 94. Name of father
<i>William</i> | | 95. Name of mother
<i>William</i> | | 96. Date of marriage
<i>1963</i> | |
| 97. Name of child at birth
<i>William</i> | | 98. Date of birth
<i>1963</i> | | 99. Place of birth
<i>State of Iowa</i> | |
| 100. Name of father
<i>William</i> | | 101. Name of mother
<i>William</i> | | 102. Date of marriage
<i>1963</i> | |



I hereby certify that no other birth certificate has been issued in the State of Iowa for this child, and that the information furnished is true and correct.

295-225-006-793

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-622

| | | | | | | |
|--|---|--------------------|---|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Leona Jessie Sinclair | | | 2. Date (month) (day) (year)
Of Birth January 25 1898 | | |
| | 3. Color or Race
White | 4. Sex
F | 5. Place of Birth a. County
Bingham | b. City or Town of Birth
Victor | | |
| FATHER | 6. Full Name of Father
Jesse Sinclair | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Ellen Pitts | | | 9. State or Country of Mother's Birth
England | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Leona Sinclair Daniels</i> | | 11. Present Address of Registrant
Victor, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 22, 1963 | | | 12. Signature of Notary
<i>Lynn J. Keesley</i> | | 13. Notary Commission expires
Feb. 21, 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
Marriage License | | By whom issued and signed
Alvin Keddington, Clerk | | Date issued
Aug. 23, 1963 | Date Orig. Entry
Dec. 5, 1917 |
| | Date of Birth
Age: 19 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Duplicate Church Record | | By whom issued and signed
L.D.S. Church, Salt Lake City, Utah | | Date issued
----- | Date Orig. Entry
baptized Aug. 3, 1906 |
| | Date of Birth
Jan. 25, 1898 | Birth Place
Fremont County Victor, Idaho | Full Name of Mother
Ellen Pitts | | Name of Father
Jesse Sinclair | |
| SUPPORTING
RECORD 3- | Type of Document
Certified copy of own child's birth certificate | | By whom issued and signed
Idaho State File # 363595 | | Date issued
Jan. 5, 1943 | Date Orig. Entry
child born Nov. 5, 1922 |
| | Date of Birth
Age: 24 | Birth Place
Victor, Idaho | Full Name of Mother
----- | | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Shirley Miller

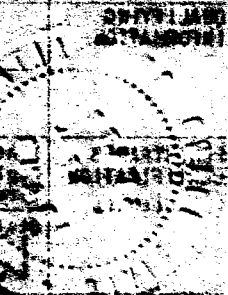
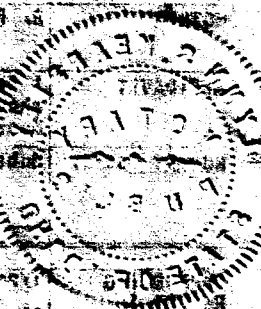
Date Filed
September 9, 1963

279122 JUN

DELAWARE CERTIFICATE OF BIRTH
STATE OF DELAWARE

Orinda

| | | | | | |
|---------------------------|--|--------------------|--|---------------------|--|
| 1. Name of child at birth | | 2. Sex | | 3. Date of birth | |
| Orinda | | Female | | July 22, 1968 | |
| 4. Place of birth | | 5. Date of birth | | 6. Name of mother | |
| Harrisburg, Pennsylvania | | July 22, 1968 | | Mrs. [illegible] | |
| 7. Name of father | | 8. Date of birth | | 9. Name of mother | |
| [illegible] | | [illegible] | | [illegible] | |
| 10. Name of mother | | 11. Date of birth | | 12. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 13. Name of mother | | 14. Date of birth | | 15. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 16. Name of mother | | 17. Date of birth | | 18. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 19. Name of mother | | 20. Date of birth | | 21. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 22. Name of mother | | 23. Date of birth | | 24. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 25. Name of mother | | 26. Date of birth | | 27. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 28. Name of mother | | 29. Date of birth | | 30. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 31. Name of mother | | 32. Date of birth | | 33. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 34. Name of mother | | 35. Date of birth | | 36. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 37. Name of mother | | 38. Date of birth | | 39. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 40. Name of mother | | 41. Date of birth | | 42. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 43. Name of mother | | 44. Date of birth | | 45. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 46. Name of mother | | 47. Date of birth | | 48. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 49. Name of mother | | 50. Date of birth | | 51. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 52. Name of mother | | 53. Date of birth | | 54. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 55. Name of mother | | 56. Date of birth | | 57. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 58. Name of mother | | 59. Date of birth | | 60. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 61. Name of mother | | 62. Date of birth | | 63. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 64. Name of mother | | 65. Date of birth | | 66. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 67. Name of mother | | 68. Date of birth | | 69. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 70. Name of mother | | 71. Date of birth | | 72. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 73. Name of mother | | 74. Date of birth | | 75. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 76. Name of mother | | 77. Date of birth | | 78. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 79. Name of mother | | 80. Date of birth | | 81. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 82. Name of mother | | 83. Date of birth | | 84. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 85. Name of mother | | 86. Date of birth | | 87. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 88. Name of mother | | 89. Date of birth | | 90. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 91. Name of mother | | 92. Date of birth | | 93. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 94. Name of mother | | 95. Date of birth | | 96. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 97. Name of mother | | 98. Date of birth | | 99. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |
| 100. Name of mother | | 101. Date of birth | | 102. Name of father | |
| [illegible] | | [illegible] | | [illegible] | |



567417-003-525

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-654

| | | | | | | |
|--|---|-----------------------|-----------------------------------|--|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Cyril Edwin Nopper | | | | 2. Date (month) (day) (year)
Of Birth October 17 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Idaho | a. County
Bannock | b. City or Town of Birth
Pocatello | |
| FATHER | 6. Full Name of Father
Charles Joseph Nopper | | | | 7. State or Country of Father's Birth
Adrian, Michigan | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Dorothy Ebens | | | | 9. State or Country of Mother's Birth
Mauch Chunk, Pennsylvania | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>C. E. Nopper</i> | | 11. Present Address of Registrant
1435 Lake St. Ogden, Utah |
| NOTARY (Seal) | Subscribed and sworn to before me on
September 6, 1963 | | | 12. Signature of Notary
<i>C. M. Stuart</i> | | 13. Notary Commission expires
July 25 1965 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|---|--|---|---|
| SUPPORTING
RECORD 1- | Type of Document
Photo copy of application for life insurance | | By whom issued and signed
The Columbian National Life Insurance Company | | Date issued
--- | Date Orig. Entry
April 4, 1916 |
| | Date of Birth
Oct. 17, 1898 | Birth Place
Bannock County Pocatello, Idaho | Full Name of Mother
Emma Dorothy Nopper | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Certificate of Baptism | | By whom issued and signed
Father F. Hughes | | Date issued
Sept. 4, 1963 | Date Orig. Entry
baptized Nov. 27, 1898 |
| | Date of Birth
Oct. 17, 1898 | Birth Place
Pocatello, Idaho | Full Name of Mother
Emma Ebens | | Name of Father
Charles Nopper | |
| SUPPORTING
RECORD 3- | Type of Document
certified copy of employee's statement | | By whom issued and signed
C. M. Stuart, National Surety Company | | Date issued
Sept. 13, 1963 | Date Orig. Entry
June 18, 1917 |
| | Date of Birth
Oct. 17, 1898 | Birth Place
Pocatello, Idaho | Full Name of Mother
Emma D. Nopper | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
sm **Shirley Miller**

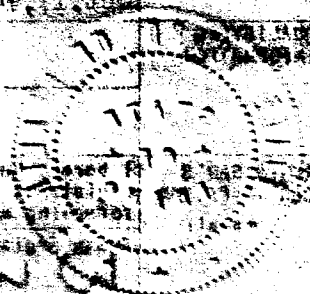
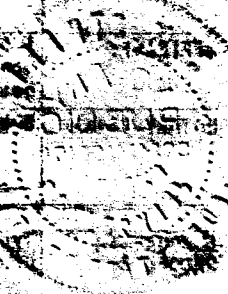
Date Filed
September 19, 1963

SEP 19 1963

DECEASED OFFICIAL OF BIRTH

Hopper

| | | | | |
|---|---|---|---|--|
| 1. Name of deceased
Charles Joseph Hopper | 2. Date of birth
October 17, 1898 | 3. Place of birth
Locustville, Indiana | 4. Date of death
September 12, 1963 | 5. Place of death
Locustville, Indiana |
| 6. Name of informant
Charles Joseph Hopper | 7. Relationship to deceased
Wife | 8. Name of informant
Charles Joseph Hopper | 9. Relationship to deceased
Wife | 10. Name of informant
Charles Joseph Hopper |
| 11. Name of informant
Charles Joseph Hopper | 12. Relationship to deceased
Wife | 13. Name of informant
Charles Joseph Hopper | 14. Relationship to deceased
Wife | 15. Name of informant
Charles Joseph Hopper |
| 16. Name of informant
Charles Joseph Hopper | 17. Relationship to deceased
Wife | 18. Name of informant
Charles Joseph Hopper | 19. Relationship to deceased
Wife | 20. Name of informant
Charles Joseph Hopper |
| 21. Name of informant
Charles Joseph Hopper | 22. Relationship to deceased
Wife | 23. Name of informant
Charles Joseph Hopper | 24. Relationship to deceased
Wife | 25. Name of informant
Charles Joseph Hopper |
| 26. Name of informant
Charles Joseph Hopper | 27. Relationship to deceased
Wife | 28. Name of informant
Charles Joseph Hopper | 29. Relationship to deceased
Wife | 30. Name of informant
Charles Joseph Hopper |
| 31. Name of informant
Charles Joseph Hopper | 32. Relationship to deceased
Wife | 33. Name of informant
Charles Joseph Hopper | 34. Relationship to deceased
Wife | 35. Name of informant
Charles Joseph Hopper |
| 36. Name of informant
Charles Joseph Hopper | 37. Relationship to deceased
Wife | 38. Name of informant
Charles Joseph Hopper | 39. Relationship to deceased
Wife | 40. Name of informant
Charles Joseph Hopper |
| 41. Name of informant
Charles Joseph Hopper | 42. Relationship to deceased
Wife | 43. Name of informant
Charles Joseph Hopper | 44. Relationship to deceased
Wife | 45. Name of informant
Charles Joseph Hopper |
| 46. Name of informant
Charles Joseph Hopper | 47. Relationship to deceased
Wife | 48. Name of informant
Charles Joseph Hopper | 49. Relationship to deceased
Wife | 50. Name of informant
Charles Joseph Hopper |
| 51. Name of informant
Charles Joseph Hopper | 52. Relationship to deceased
Wife | 53. Name of informant
Charles Joseph Hopper | 54. Relationship to deceased
Wife | 55. Name of informant
Charles Joseph Hopper |
| 56. Name of informant
Charles Joseph Hopper | 57. Relationship to deceased
Wife | 58. Name of informant
Charles Joseph Hopper | 59. Relationship to deceased
Wife | 60. Name of informant
Charles Joseph Hopper |
| 61. Name of informant
Charles Joseph Hopper | 62. Relationship to deceased
Wife | 63. Name of informant
Charles Joseph Hopper | 64. Relationship to deceased
Wife | 65. Name of informant
Charles Joseph Hopper |
| 66. Name of informant
Charles Joseph Hopper | 67. Relationship to deceased
Wife | 68. Name of informant
Charles Joseph Hopper | 69. Relationship to deceased
Wife | 70. Name of informant
Charles Joseph Hopper |
| 71. Name of informant
Charles Joseph Hopper | 72. Relationship to deceased
Wife | 73. Name of informant
Charles Joseph Hopper | 74. Relationship to deceased
Wife | 75. Name of informant
Charles Joseph Hopper |
| 76. Name of informant
Charles Joseph Hopper | 77. Relationship to deceased
Wife | 78. Name of informant
Charles Joseph Hopper | 79. Relationship to deceased
Wife | 80. Name of informant
Charles Joseph Hopper |
| 81. Name of informant
Charles Joseph Hopper | 82. Relationship to deceased
Wife | 83. Name of informant
Charles Joseph Hopper | 84. Relationship to deceased
Wife | 85. Name of informant
Charles Joseph Hopper |
| 86. Name of informant
Charles Joseph Hopper | 87. Relationship to deceased
Wife | 88. Name of informant
Charles Joseph Hopper | 89. Relationship to deceased
Wife | 90. Name of informant
Charles Joseph Hopper |
| 91. Name of informant
Charles Joseph Hopper | 92. Relationship to deceased
Wife | 93. Name of informant
Charles Joseph Hopper | 94. Relationship to deceased
Wife | 95. Name of informant
Charles Joseph Hopper |
| 96. Name of informant
Charles Joseph Hopper | 97. Relationship to deceased
Wife | 98. Name of informant
Charles Joseph Hopper | 99. Relationship to deceased
Wife | 100. Name of informant
Charles Joseph Hopper |



This is to certify that the foregoing is a true and correct copy of the original record as found in the Division of Vital Statistics for the State of Indiana.

WITNESSED my hand and the seal of the Department of Health, State of Indiana, this 19th day of September, 1963.

 Registrar

995-12-029-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-736

| | | | | | | | |
|--|---|-----------------------|--|---------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
MAX Rietmann | | | | 2. Date (month) (day) (year)
Of Birth Sept. 12 1898 | | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth
IDAHO | a. County
LATAH | b. City or Town of Birth
TROY | | |
| FATHER | 6. Full Name of Father
ULRIKH C. Rietmann | | | | 7. State or Country of Father's Birth
SWITZERLAND | | |
| MOTHER | 8. Full Maiden Name of Mother
Fanny Hippicker | | | | 9. State or Country of Mother's Birth
SWITZERLAND | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Max Rietmann</i> | | 11. Present Address of Registrant
927 High St. EUGENE |
| NOTARY (Seal) | Subscribed and sworn to before me on
Aug 12 1963 | | 12. Signature of Notary
<i>Lloyd H. Bissell</i> | | 13. Notary Commission expires
11-29-64 | | |

| APPLICANT DO NOT WRITE BELOW THIS LINE | | | | | |
|--|--|--|---|---|---|
| SUPPORTING
RECORD 1. | Type of Document
Photo copy of Enrollment
Record for Dental Corps, U.S. Navy | | By whom issued and signed
G.P. Kindleberger, Capt. (MC) | Date issued
Jan. 11, 1940 | Date Orig. Entry
Oct. 8, 1918 |
| | Date of Birth
Sept. 12, 1898 | Birth Place
Troy, Idaho | Full Name of Mother | Name of Father | |
| SUPPORTING
RECORD 2. | Type of Document
Photo copy of application for
insurance | | By whom issued and signed
American National Insurance Company | Date issued
--- | Date Orig. Entry
May 25, 1944 |
| | Date of Birth
Sept. 12, 1898 | Birth Place
Latah County Troy, Idaho | Full Name of Mother
--- | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Census Record | | By whom issued and signed
Bureau of the Census Washington, D.C. | Date issued
Oct. 2, 1963 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Age: 1 | Birth Place
Idaho | Full Name of Mother
Fannie Rietmann | Name of Father
Ulrich Rietman | |

QUALIFYING INFORMATION
Photo copy of application for life insurance from The New York Life Insurance Company dated December 1, 1944. Place of birth given as Troy, Idaho.
Date of birth given as September 12, 1898.

| | | | |
|--|--|---|---------------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. Benson</i> | Evidence reviewed by
Shirley Miller | Date Filed
October 18, 1963 |

1963 OCT 17

DECEASED CERTIFICATE OF BIRTH
STATE OF TEXAS

STATE OF TEXAS
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
AUSTIN, TEXAS

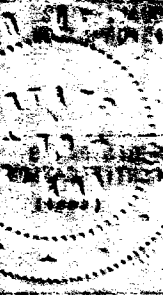
[Handwritten signature]

| | |
|-----------------|-------------------|
| NAME | LAST FIRST MIDDLE |
| DATE OF BIRTH | MONTH DAY YEAR |
| PLACE OF BIRTH | CITY COUNTY STATE |
| SEX | |
| RELIGION | |
| EDUCATION | |
| PROFESSION | |
| DATE OF DEATH | MONTH DAY YEAR |
| PLACE OF DEATH | CITY COUNTY STATE |
| CAUSE OF DEATH | |
| DATE OF BURIAL | MONTH DAY YEAR |
| PLACE OF BURIAL | CITY COUNTY STATE |



| | |
|-----------------|-------------------|
| DATE OF BIRTH | MONTH DAY YEAR |
| PLACE OF BIRTH | CITY COUNTY STATE |
| SEX | |
| RELIGION | |
| EDUCATION | |
| PROFESSION | |
| DATE OF DEATH | MONTH DAY YEAR |
| PLACE OF DEATH | CITY COUNTY STATE |
| CAUSE OF DEATH | |
| DATE OF BURIAL | MONTH DAY YEAR |
| PLACE OF BURIAL | CITY COUNTY STATE |

| | |
|-----------------|-------------------|
| DATE OF BIRTH | MONTH DAY YEAR |
| PLACE OF BIRTH | CITY COUNTY STATE |
| SEX | |
| RELIGION | |
| EDUCATION | |
| PROFESSION | |
| DATE OF DEATH | MONTH DAY YEAR |
| PLACE OF DEATH | CITY COUNTY STATE |
| CAUSE OF DEATH | |
| DATE OF BURIAL | MONTH DAY YEAR |
| PLACE OF BURIAL | CITY COUNTY STATE |



394-01-031-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-766

| | | | | | | | |
|--|---|-----------------------|--|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
ORVILLE EDWARD CRUMPACKER | | | | 2. Date (month) (day) (year)
Of Birth Nov. 1 1898 | | |
| | 3. Color or Race
WHITE | 4. Sex
MALE | 5. Place of Birth a. County
NEZPERCE - LEWIS | | b. City or Town of Birth
NEZPERCE IDAHO | | |
| FATHER | 6. Full Name of Father
WILLIAM ELLIS CRUMPACKER | | | | 7. State or Country of Father's Birth
OREGON | | |
| MOTHER | 8. Full Maiden Name of Mother
ANNA B. SWEENEY | | | | 9. State or Country of Mother's Birth
KANSAS | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>O.E. Crumpacker</i> | | 11. Present Address of Registrant
112 No. O ST.
MADERA, CALIF. |
| NOTARY (Seal) | Subscribed and sworn to before me on
Oct 25th 1963 | | | | 12. Signature of Notary
<i>Dorothy M. Rea</i> | | 13. Notary Commission expires
Aug 24th 1966 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---------------------------------------|---|--|---|--|
| SUPPORTING
RECORD 1. | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho State File No. 153160 | | Date issued
---- | Date Orig. Entry
child born
June 19, 1927 |
| | Date of Birth
Age: 28 | Birth Place
Nezperce, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2. | Type of Document
Photo copy of appl for social security account number | | By whom issued and signed
U.S. Treasury Department | | Date issued
---- | Date Orig. Entry
Nov. 25, 1936 |
| | Date of Birth
Nov. 1, 1898 | Birth Place
Nezperce, Idaho | Full Name of Mother
Anna B. Sweeney | | Name of Father
William Ellis Crumpacker | |
| SUPPORTING
RECORD 3. | Type of Document
Certificate of Baptism | | By whom issued and signed
Pastor
Rt. Rev. Msgr. Hugo Pautler/ | | Date issued
Sept. 30,
1963 | Date Orig. Entry
baptized
May 15, 1909 |
| | Date of Birth
Nov. 1, 1898 | Birth Place
Nezperce, Idaho | Full Name of Mother
Anna Sweeney | | Name of Father
William E. Crumpacker | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. Benson

Evidence reviewed by
Shirley Miller

Date Filed
October 29, 1963

STATE TO FACILITIES CONTROL
STATE TO STATE

Смирнов

[illegible][illegible]

| | | | |
|--|--|--|--|
| 1. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. | 2. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. | 3. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. | 4. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. |
| 5. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. | 6. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. | 7. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. | 8. Every effort shall be made to ensure that the certificate has been issued in the best interests of the State and that the certificate has been issued in the best interests of the State. |

794705-001-246

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-781

| | | | | | | |
|--|---|-----------------------|--|-----------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Henry Barton Pruett</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>June 5 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>Idaho, Ada Co.</i> | a. County | b. City or Town of Birth
<i>Boise</i> | |
| FATHER | 6. Full Name of Father
<i>Bart Pruett</i> | | | | 7. State or Country of Father's Birth
<i>Iowa</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Alice Buffington</i> | | | | 9. State or Country of Mother's Birth
<i>Iowa</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Henry Barton Pruett</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>July 19th 1963</i> | | | | 11. Present Address of Registrant
<i>6115 25th St. - Sacramento, Calif</i> | |
| | 12. Signature of Notary
<i>Edna S. Fisher</i> | | | | 13. Notary Commission expires
M. commission expires April 12, 1964
My commission expires April 12, 1964 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|---|--|---------------------------------|---|
| SUPPORTING
RECORD 1. | Type of Document
own child's birth certificate | | By whom issued and signed
Idaho State File No. 125513 | Date issued
---- | Date Orig. Entry
child born
Sept. 5, 1924 |
| | Date of Birth
Age: 26 | Birth Place
Boise, Idaho | Full Name of Mother
---- | Name of Father
---- | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by brother; born 1889 | | By whom issued and signed
Noah E. Pruett | Date issued
August | Date Orig. Entry
28, 1963 |
| | Date of Birth
June 5, 1898 | Birth Place
Ada County
Boise, Idaho | Full Name of Mother
Marry Alice Buffington | Name of Father
Bart Pruett | |
| SUPPORTING
RECORD 3. | Type of Document
Census Record | | By whom issued and signed
U.S. Bureau of the Census
Washington, D.C. | Date issued
Oct. 25, 1963 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
Age: 1 | Birth Place
Idaho | Full Name of Mother
<u>Mary</u> A. Pruett | Name of Father
Barton Pruett | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|--------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
sm Shirley Miller | Date Filed
November 4, 1963 |

NOV 5 1963

DEPARTMENT OF HEALTH
STATE OF ILLINOIS
BIRTH CERTIFICATE

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME OF CHILD
<i>Pratt</i> | | SEX
<i>Male</i> | | DATE OF BIRTH
<i>11/15/63</i> | | TIME OF BIRTH
<i>1:15 PM</i> | | PLACE OF BIRTH
<i>Chicago, Ill.</i> | | HOSPITAL
<i>St. Mary's Hospital</i> | | PHYSICIAN
<i>Dr. J. J. Smith</i> | | ATTENDING NURSE
<i>Ms. M. J. Jones</i> | | REGISTERED NURSE
<i>Ms. A. B. White</i> | | MIDWIFE
<i>Ms. C. D. Green</i> | | OTHER
<i>None</i> | | | |
| MOTHER'S NAME
<i>Pratt</i> | | FATHER'S NAME
<i>Pratt</i> | | MOTHER'S MAIDEN NAME
<i>Pratt</i> | | FATHER'S MAIDEN NAME
<i>Pratt</i> | | MOTHER'S DATE OF BIRTH
<i>11/15/28</i> | | FATHER'S DATE OF BIRTH
<i>11/15/28</i> | | MOTHER'S PLACE OF BIRTH
<i>Chicago, Ill.</i> | | FATHER'S PLACE OF BIRTH
<i>Chicago, Ill.</i> | | MOTHER'S OCCUPATION
<i>Homemaker</i> | | FATHER'S OCCUPATION
<i>Homemaker</i> | | MOTHER'S EDUCATION
<i>High School</i> | | FATHER'S EDUCATION
<i>High School</i> | |
| MOTHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | FATHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | MOTHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | FATHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | MOTHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | FATHER'S PRESENT ADDRESS
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| MOTHER'S PRESENT ADDRESS
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<i>1111 N. Dearborn St., Chicago, Ill.</i> | | MOTHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | FATHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | MOTHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | | FATHER'S PRESENT ADDRESS
<i>1111 N. Dearborn St., Chicago, Ill.</i> | |



Handwritten signature

255-228-003-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-824

| | | | | | | |
|--|---|-------------------------|--|-----------|---|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Hilda Catherine Bennett</i> | | | | 2. Date (month) (day) (year)
<i>June 28 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Virginia, Bannock, Idaho</i> | a. County | b. City or Town of Birth
<i>Hammond, Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Thomas R. Bennett</i> | | | | 7. State or Country of Father's Birth
<i>Hammond, Idaho, Idaho</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Catherine Warren</i> | | | | 9. State or Country of Mother's Birth
<i>London, England</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Hilda C. Bennett</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>October 31, 1963</i> | | | | 11. Present Address of Registrant
<i>1225 W. Harrison Idaho</i> | |
| | | | | | 12. Signature of Notary
<i>Hilda C. Bennett</i> | |
| | | | | | 13. Notary Commission expires
<i>July 8, 1967</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|--|---|--|--|--|
| SUPPORTING
RECORD 1- | Type of Document
<i>Family Record</i> | | By whom issued and signed
<i>Family Record</i> | | Date issued
<i>obviously</i> | Date Orig. Entry
<i>Old</i> |
| | Date of Birth
<i>June 28, 1898</i> | Birth Place
<i>Virginia, Idaho</i> | Full Name of Mother
<i>-----</i> | | Name of Father
<i>-----</i> | |
| SUPPORTING
RECORD 2- | Type of Document
<i>Affidavit by neighbor at time of birth; 10 Yrs. older</i> | | By whom issued and signed
<i>Nels H. Pehrson</i> | | Date issued
<i>November 15, 1963</i> | Date Orig. Entry
<i>1963</i> |
| | Date of Birth
<i>June 28, 1898</i> | Birth Place
<i>Bannock County Virginia, Idaho</i> | Full Name of Mother
<i>Catherine Warren</i> | | Name of Father
<i>Thomas R. Bennett</i> | |
| SUPPORTING
RECORD 3- | Type of Document
<i>Statement regarding church records</i> | | By whom issued and signed
<i>Bud H. Hinckley, Bishop</i> | | Date issued
<i>Nov. 14, 1963</i> | Date Orig. Entry
<i>baptized Aug. 5, 1906</i> |
| | Date of Birth
<i>June 28, 1898</i> | Birth Place
<i>Bannock County Virginia, Idaho</i> | Full Name of Mother
<i>Catherine Warren</i> | | Name of Father
<i>Thomas R. Bennett</i> | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
*W. W. Benson*Evidence reviewed by
SM Shirley MillerDate Filed
November 21, 1963

DELAWARE CERTIFICATE OF BIRTH STATE OF DELAWARE

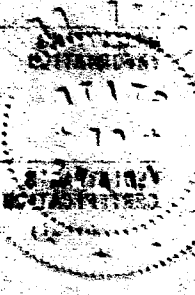
NOV 22 1963

Nelson

| | | | | | | | |
|---------------------------|-------------------|--------------------|-------------------|--------------------|--------------------|----------------------------|--------------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Sex of child | 5. Name of father | 6. Name of mother | 7. Signature of registrar | 8. Date of registration |
| <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> |
| 9. Name of child at birth | 10. Date of birth | 11. Place of birth | 12. Sex of child | 13. Name of father | 14. Name of mother | 15. Signature of registrar | 16. Date of registration |
| <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> |



| | | | | | | | |
|----------------------------|-------------------|--------------------|-------------------|--------------------|--------------------|----------------------------|--------------------------|
| 17. Name of child at birth | 18. Date of birth | 19. Place of birth | 20. Sex of child | 21. Name of father | 22. Name of mother | 23. Signature of registrar | 24. Date of registration |
| <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> |
| 25. Name of child at birth | 26. Date of birth | 27. Place of birth | 28. Sex of child | 29. Name of father | 30. Name of mother | 31. Signature of registrar | 32. Date of registration |
| <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> |



| | | | | | | | |
|----------------------------|-------------------|--------------------|-------------------|--------------------|--------------------|----------------------------|--------------------------|
| 33. Name of child at birth | 34. Date of birth | 35. Place of birth | 36. Sex of child | 37. Name of father | 38. Name of mother | 39. Signature of registrar | 40. Date of registration |
| <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> |
| 41. Name of child at birth | 42. Date of birth | 43. Place of birth | 44. Sex of child | 45. Name of father | 46. Name of mother | 47. Signature of registrar | 48. Date of registration |
| <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> | <i>[REDACTED]</i> |

[Handwritten signature]

296-205-018-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-63-828

| | | | | | | |
|--|---|--------|---------------------|---|--|-----------------------------------|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth | | | 2. Date (month) (day) (year)
Of Birth June 5 1898 | | |
| | EDITH IRENE BROWN | | | | | |
| FATHER | 3. Color or Race | 4. Sex | 5. Place of Birth | a. County | | |
| | White | F | Clearwater | b. City or Town of Birth Southwick Teakan (mailing address) | | |
| MOTHER | 6. Full Name of Father | | | 7. State or Country of Father's Birth | | |
| | GEORGE BROWN | | | Iowa | | |
| AFFIDAVIT | 8. Full Maiden Name of Mother | | | 9. State or Country of Mother's Birth | | |
| | CORA BELL JONES | | | Illinois | | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant | | 11. Present Address of Registrant |
| | Subscribed and sworn to before me on | | | 12. Signature of Notary | | 13. Notary Commission expires |
| 20 September 19 63 | | | Edith Irene Walston | | 325 Beach Street
Longview, Washington | |
| | | | Paul J. Hicklin | | 1-20 19 64 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|--|---------------------------------|---|--|----------------|--------------------------|
| SUPPORTING RECORD 1- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Affidavit by aunt; Age: 89 | | Bertie Brown | | October | 3, 1963 |
| SUPPORTING RECORD 2- | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | June 5, 1898 | Clearwater County Teakan, Idaho | Cora Bella Jones Brown | | George Brown | |
| SUPPORTING RECORD 3- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Statement regarding school census records; Kendrick Join | | James V. Muscat, Superintendent School District # 283 | | Nov. 12, 1963 | 1905 |
| SUPPORTING RECORD 3- | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Age: 7 | ----- | ----- | | ----- | |
| SUPPORTING RECORD 3- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Certified copy of own child's birth certificate | | Washington State # 48 | | Oct. 29, 1963 | child born July 27, 1932 |
| SUPPORTING RECORD 3- | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Age: 34 | Teakan, Idaho | ----- | | ----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|---------------------------------|---|---------------------------------|
| State Registrar
W. W. Benson | Evidence reviewed by
SM Shirley Miller | Date Filed
November 21, 1963 |
|---------------------------------|---|---------------------------------|

NOV 22 1969



NEW YORK, N.Y.
JAN 19 1901

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322 UCBAW/STP

附錄

2023-10-10 10:10:10

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 64-015

| | | | | | | | |
|--|--|--|---|--|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Wilford Bingham</i> | | | | 2. Date (month) (day) (year)
Birth <i>9 2 1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Blackfoot Bingham</i> | | 6. City or Town of Birth
<i>Blackfoot Idaho.</i> | | |
| FATHER | 6. Full Name of Father
<i>Elisha E. Bingham</i> | | | | 7. State or Country of Father's Birth
<i>Utah</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Eliza M. Walker</i> | | | | 9. State or Country of Mother's Birth
<i>Utah</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Wilford Bingham</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 9 1964</i> | | | | 11. Present Address of Registrant
<i>Idaho Falls, Idaho.</i> | | |
| | 12. Signature of Notary
<i>William H. Kullback</i> | | | | 13. Notary Commission expires
<i>2-15 1966</i> | | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
on file Idaho # 173946 | | Date issued
----- | Date Orig. Entry
child born
July 31, 1929 | |
| | Date of Birth
Age 30 | Birth Place
Idaho | Full Name of Mother

<i>Eliza E.</i> | | Name of Father
----- | | |
| SUPPORTING
RECORD 2. | Type of Document
L.D.S. Church Record | | By whom issued and signed
<i>L. D.S. Church
Salt Lake City, Utah</i> | | Date issued
Jan 2, 1964 | Date Orig. Entry
Jun. 8, 1907 | |
| | Date of Birth
Sept. 2,
1898 | Birth Place
Blackfoot
Idaho | Full Name of Mother
<i>Eliza M. Walker</i> | | Name of Father
<i>Elisha E. Bingham</i> | | |
| SUPPORTING
RECORD 3. | Type of Document
Bible Record | | By whom issued and signed
----- | | Date issued
----- | Date Orig. Entry
Obviously old | |
| | Date of Birth
Sept. 2,
1898 | Birth Place
Blackfoot,
Bingham Co. Idaho | Full Name of Mother
----- | | Name of Father
----- | | |
| QUALIFYING
INFORMATION | | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
<i>Florence Curtright</i> | | | Date Filed
January 9
1964 | |

Lingham

DELATED CERTIFICATE OF BIRTH
DATE OF BIRTH

4581-01-10

| | | | | |
|--------------------------------|--------------------------------|---------------------------|----------------------------|----------------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Name of father at birth | 5. Name of mother at birth |
| | | | | |
| 6. Signature of father | 7. Signature of mother | 8. Signature of registrar | 9. Signature of witness | 10. Signature of witness |
| | | | | |
| 11. Address of father at birth | 12. Address of mother at birth | 13. Address of registrar | 14. Address of witness | 15. Address of witness |
| | | | | |



| | | | | |
|--------------------------------|--------------------------------|---------------------------|----------------------------|----------------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Name of father at birth | 5. Name of mother at birth |
| | | | | |
| 6. Signature of father | 7. Signature of mother | 8. Signature of registrar | 9. Signature of witness | 10. Signature of witness |
| | | | | |
| 11. Address of father at birth | 12. Address of mother at birth | 13. Address of registrar | 14. Address of witness | 15. Address of witness |
| | | | | |

| | | | | |
|--------------------------------|--------------------------------|---------------------------|----------------------------|----------------------------|
| 1. Name of child at birth | 2. Date of birth | 3. Place of birth | 4. Name of father at birth | 5. Name of mother at birth |
| | | | | |
| 6. Signature of father | 7. Signature of mother | 8. Signature of registrar | 9. Signature of witness | 10. Signature of witness |
| | | | | |
| 11. Address of father at birth | 12. Address of mother at birth | 13. Address of registrar | 14. Address of witness | 15. Address of witness |
| | | | | |

331-124-036-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-64-059

| | | | | | |
|--|--|------------------------------------|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
William Daniel Clark. | | | 2. Date (month) (day) (year)
Of Birth January 24th, 1898. | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Oneida | b. City or Town of Birth
Malad City, Idaho. | |
| FATHER | 6. Full Name of Father
John Clark | | | 7. State or Country of Father's Birth
Idaho. Oneida Co. | |
| MOTHER | 8. Full Maiden Name of Mother
Matilda Williams | | | 9. State or Country of Mother's Birth
Idaho. Oneida Co. | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>W. D. Clark</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>January 27 1964</i> | | | 11. Present Address of Registrant
69 So. Main St.
Malad City, Idaho. | |
| | 12. Signature of Notary
<i>Colen H. Sweeten, Jr.</i>
<i>Clerk of the district court</i> | | | 13. Notary Commission expires
_____ 19____ | |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho State File No. 94944 | | Date issued
----- |
| | Date of Birth
Age: 23 | Birth Place
Malad, Idaho | Full Name of Mother
----- | | Date Orig. Entry
child born
Sept. 29, 1921 |
| SUPPORTING RECORD 2. | Type of Document
Statement regarding church records | | By whom issued and signed
Jon C. Ward, Ward Clerk | | Date issued
Jan. 25, 1964 |
| | Date of Birth
Jan. 24, 1898 | Birth Place
Malad, Idaho | Full Name of Mother
Matilda Williams | | Date Orig. Entry
baptized
May 15, 1909 |
| SUPPORTING RECORD 3. | Type of Document
Certified copy of affidavit for marriage license | | By whom issued and signed
Colen H. Sweeten, Jr., Clerk | | Date issued
Jan. 27, 1964 |
| | Date of Birth
Age: 22 | Birth Place
Idaho | Full Name of Mother
----- | | Date Orig. Entry
Oct. 20, 1920 |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
Shirley Miller | | Date Filed
January 29, 1964 |

DECEASED CERTIFICATE OF BIRTH
STATE OF IOWA

JAN 29 1964

Clark

| | | | | | |
|---|--|----------------------------------|--|---------------------------------|--|
| 1. Name of child
William [unclear] Clark | | 2. Sex
Male | | 3. Date of birth
1938 | |
| 4. Place of birth
[unclear] | | 5. Name of father
[unclear] | | 6. Name of mother
[unclear] | |
| 7. State of birth
Iowa | | 8. Date of death
[unclear] | | 9. Cause of death
[unclear] | |
| 10. Name of father
[unclear] | | 11. Name of mother
[unclear] | | 12. Date of death
[unclear] | |
| 13. Name of father
[unclear] | | 14. Name of mother
[unclear] | | 15. Date of death
[unclear] | |
| 16. Name of father
[unclear] | | 17. Name of mother
[unclear] | | 18. Date of death
[unclear] | |
| 19. Name of father
[unclear] | | 20. Name of mother
[unclear] | | 21. Date of death
[unclear] | |
| 22. Name of father
[unclear] | | 23. Name of mother
[unclear] | | 24. Date of death
[unclear] | |
| 25. Name of father
[unclear] | | 26. Name of mother
[unclear] | | 27. Date of death
[unclear] | |
| 28. Name of father
[unclear] | | 29. Name of mother
[unclear] | | 30. Date of death
[unclear] | |
| 31. Name of father
[unclear] | | 32. Name of mother
[unclear] | | 33. Date of death
[unclear] | |
| 34. Name of father
[unclear] | | 35. Name of mother
[unclear] | | 36. Date of death
[unclear] | |
| 37. Name of father
[unclear] | | 38. Name of mother
[unclear] | | 39. Date of death
[unclear] | |
| 40. Name of father
[unclear] | | 41. Name of mother
[unclear] | | 42. Date of death
[unclear] | |
| 43. Name of father
[unclear] | | 44. Name of mother
[unclear] | | 45. Date of death
[unclear] | |
| 46. Name of father
[unclear] | | 47. Name of mother
[unclear] | | 48. Date of death
[unclear] | |
| 49. Name of father
[unclear] | | 50. Name of mother
[unclear] | | 51. Date of death
[unclear] | |
| 52. Name of father
[unclear] | | 53. Name of mother
[unclear] | | 54. Date of death
[unclear] | |
| 55. Name of father
[unclear] | | 56. Name of mother
[unclear] | | 57. Date of death
[unclear] | |
| 58. Name of father
[unclear] | | 59. Name of mother
[unclear] | | 60. Date of death
[unclear] | |
| 61. Name of father
[unclear] | | 62. Name of mother
[unclear] | | 63. Date of death
[unclear] | |
| 64. Name of father
[unclear] | | 65. Name of mother
[unclear] | | 66. Date of death
[unclear] | |
| 67. Name of father
[unclear] | | 68. Name of mother
[unclear] | | 69. Date of death
[unclear] | |
| 70. Name of father
[unclear] | | 71. Name of mother
[unclear] | | 72. Date of death
[unclear] | |
| 73. Name of father
[unclear] | | 74. Name of mother
[unclear] | | 75. Date of death
[unclear] | |
| 76. Name of father
[unclear] | | 77. Name of mother
[unclear] | | 78. Date of death
[unclear] | |
| 79. Name of father
[unclear] | | 80. Name of mother
[unclear] | | 81. Date of death
[unclear] | |
| 82. Name of father
[unclear] | | 83. Name of mother
[unclear] | | 84. Date of death
[unclear] | |
| 85. Name of father
[unclear] | | 86. Name of mother
[unclear] | | 87. Date of death
[unclear] | |
| 88. Name of father
[unclear] | | 89. Name of mother
[unclear] | | 90. Date of death
[unclear] | |
| 91. Name of father
[unclear] | | 92. Name of mother
[unclear] | | 93. Date of death
[unclear] | |
| 94. Name of father
[unclear] | | 95. Name of mother
[unclear] | | 96. Date of death
[unclear] | |
| 97. Name of father
[unclear] | | 98. Name of mother
[unclear] | | 99. Date of death
[unclear] | |
| 100. Name of father
[unclear] | | 101. Name of mother
[unclear] | | 102. Date of death
[unclear] | |

532123-029-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-64-074

| | | | | | | | |
|--|---|-----------------------|-------------------------------------|---------------------------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Enos Jacob Eckman</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>10 23 1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>male</i> | 5. Place of Birth
<i>Genesee</i> | a. County
<i>Latah</i> | b. City or Town of Birth
<i>Genesee</i> | | |
| FATHER | 6. Full Name of Father
<i>Jacob Saunders Eckman</i> | | | | 7. State or Country of Father's Birth
<i>Pennsylvania</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sarah Francis Eaton</i> | | | | 9. State or Country of Mother's Birth
<i>Kansas</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Enos Jacob Eckman</i> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>August 5,</u> 19 <u>63</u> | | | | 11. Present Address of Registrant
<i>Box 67 Star Pt. Quincy</i> | | |
| | 12. Signature of Notary
<i>Vernon L. Parker</i> | | | | 13. Notary Commission expires
<u>May 20,</u> 19 <u>66</u> | | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|-------------------------------|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
Certified copy of own child's
birth certificate | | By whom issued and signed
Washington State Record #101 | | Date issued
Nov. 1, 1963 |
| | Date of Birth
Age: 21 | Birth Place
Idaho | Full Name of Mother
----- | | Date Orig. Entry
child born
Nov. 24, 1919 |
| SUPPORTING
RECORD 2. | Type of Document
Certified copy of Marriage
Record | | By whom issued and signed
Charlotte Mosher, Deputy
Auditor | | Date issued
Nov. 12, 1963 |
| | Date of Birth
Age: 18 | Birth Place
Idaho | Full Name of Mother
Sarah Eaton | | Date Orig. Entry
Aug. 26, 1917 |
| SUPPORTING
RECORD 3. | Type of Document
Affidavit by neighbor at time
of birth; born: 1888 | | By whom issued and signed
Clara M. Miller | | Date issued
January 27, 1964 |
| | Date of Birth
Oct. 23, 1898 | Birth Place
Genesee, Idaho | Full Name of Mother
----- | | Date Orig. Entry
----- |

QUALIFYING
INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Evidence reviewed by

Date Filed

SM

Shirley Miller

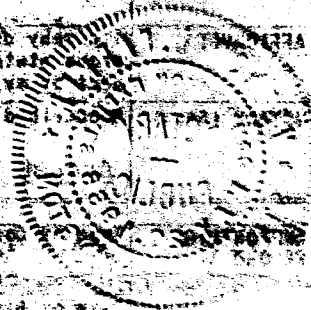
February 5, 1964

CERTIFICATE OF BIRTH

FEB 5 1964

State of Ohio
County of Hamilton

| | | | |
|----------------------------------|------------------------|-----------------------------|-----------------------------|
| 1. Registered Full Name of Child | 2. Date of Birth | 3. Place of Birth | 4. Sex |
| | | | |
| 5. Will Name of Father | 6. Will Name of Mother | 7. Will Name of Grandfather | 8. Will Name of Grandmother |
| | | | |
| 9. Special Address of Registrant | | | |
| | | | |
| 10. Special Address of Registrar | | | |
| | | | |



| | | | |
|--------------------|-------------------------|-------------------------|-----------------------|
| 11. Date of Birth | 12. Place of Birth | 13. Sex | 14. Name of Father |
| | | | |
| 15. Name of Mother | 16. Name of Grandfather | 17. Name of Grandmother | 18. Name of Registrar |
| | | | |
| 19. Date of Birth | 20. Place of Birth | 21. Sex | 22. Name of Father |
| | | | |
| 23. Name of Mother | 24. Name of Grandfather | 25. Name of Grandmother | 26. Name of Registrar |
| | | | |



| | | | |
|--------------------|-------------------------|-------------------------|-----------------------|
| 27. Date of Birth | 28. Place of Birth | 29. Sex | 30. Name of Father |
| | | | |
| 31. Name of Mother | 32. Name of Grandfather | 33. Name of Grandmother | 34. Name of Registrar |
| | | | |

219-17-003-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De-64-144

| | | | | |
|---|---|-----------------------|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Leo M. Bair | | 2. Date (month) (day) (year)
Of Birth Aug. 17 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Bannock | b. City or Town of Birth
Pocatello |
| FATHER | 6. Full Name of Father
Howard L. Bair | | 7. State or Country of Father's Birth
Kansas | |
| MOTHER | 8. Full Maiden Name of Mother
Elizabeth Susan Thomas | | 9. State or Country of Mother's Birth
Kansas | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Leo M. Bair</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 21 19 64 | | 11. Present Address of Registrant
207 South F
Livingston, Montana | |
| | | | 12. Signature of Notary
<i>Dylan R. Robt</i> | |
| | | | 13. Notary Commission expires
July 11 1965 | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|---|--|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
copy of application for insurance | | By whom issued and signed
Hartford Accident and Indemnity Company | | Date issued
September 10, 1924 | Date Orig. Entry |
| | Date of Birth
Aug. 17, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document
Certified copy of own child's birth certificate | | By whom issued and signed
Margaret Monical, Clerk Montana Reg. # 166 | | Date issued
Feb. 11, 1964 | Date Orig. Entry
child born Sept. 29, 1926 |
| | Date of Birth
Age: 28 | Birth Place
Pocatello, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by sister; Age: 74 | | By whom issued and signed
Jessie Morin | | Date issued
February 13, 1964 | Date Orig. Entry |
| | Date of Birth
Aug. 17, 1898 | Birth Place
Bannock County Pocatello, Idaho | Full Name of Mother
Elizabeth Susan Thomas Bair | | Name of Father
Howard L. Bair | |

QUALIFYING INFORMATION**REGISTRAR'S CERTIFICATION**
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

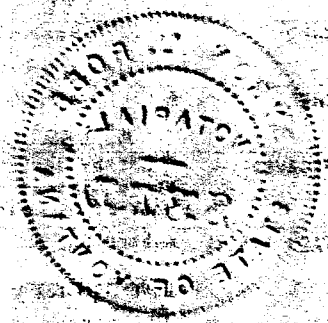
State Registrar
W. H. Benson

Evidence reviewed by
Shirley Miller

Date Filed
February 27, 1964

FEB 27 1964

Abb, Gilly



759-112-026-865

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De. 64-393

| | | | | | | |
|---|---|-----------------------|--|--|--|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
William Henry Perry | | | 2. Date (month) (day) (year)
April 12 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Rigby, Jefferson Idaho
b. City or Town of Birth
Rigby | | | |
| FATHER | 6. Full Name of Father
Joseph Francis Perry | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Ann Hovey | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Wm H Perry</i> | | 11. Present Address of Registrant
Idaho
1047 Canyon Ave, Idaho Falls, |
| NOTARY (Seal) | Subscribed and sworn to before me on
19th May 19 64 | | | 12. Signature of Notary
<i>George L Jensen</i> | | 13. Notary Commission expires
May 10, 19 66 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|--|---|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
Certificate of Record of Membership | | By whom issued and signed
LDS Church, Ella D. Jack, Custodian of Records | | Date issued
Aug. 22, 1960 | Date Orig. Entry
Baptized Nov. 24, 1951 |
| | Date of Birth
April 12, 1898 | Birth Place
Rigby, Jefferson County, Idaho | Full Name of Mother
Martha Ann Hovey | | Name of Father
Joseph Francis Perry | |
| SUPPORTING RECORD 2. | Type of Document (born 1880)
Affidavit by employee of mother at time of birth | | By whom issued and signed
Martha Hulse Clark | | Date issued
Feb. 19, 1962 | Date Orig. Entry
--- |
| | Date of Birth
April 12, 1898 | Birth Place
--- | Full Name of Mother
Martha Ann Hovey Perry | | Name of Father
Joseph Francis Perry | |
| SUPPORTING RECORD 3. | Type of Document
Statement of Patriarchal Blessing (photocopy) 506-Book 2 | | By whom issued and signed
LDS North Idaho Falls Stake, Henry Ray Hatch, Patriarch | | Date issued
March 15, 1959 | Date Orig. Entry
March 15, 1959 |
| | Date of Birth
April 12, 1898 | Birth Place
Rigby, Jefferson County, Idaho | Full Name of Mother
Martha Ann Huvey | | Name of Father
Joseph Francis Perry | |

QUALIFYING INFORMATION**REGISTRAR'S CERTIFICATION**
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Glenda M. Larson

Date Filed
May 29, 1964

MAY 29 1964



Perry

236-122-029-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-432

| | | | | | | |
|--|---|--------------------|---|--|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Carlton Massey Stockwell</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>April 22 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>M</i> | 5. Place of Birth
<i>Home (Farm) Latah</i> | | 6. City or Town of Birth
<i>Kendrick Idaho</i> | |
| FATHER | 6. Full Name of Father
<i>Calvin James Stockwell</i> | | | | 7. State or Country of Father's Birth
<i>Missouri</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Emma Neal Massey</i> | | | | 9. State or Country of Mother's Birth
<i>Missouri</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Carlton Stockwell</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 25 1964</i> | | | | 11. Present Address of Registrant
<i>Moscow Idaho</i> | |
| | 12. Signature of Notary
<i>Ronald Ambler</i> | | | | 13. Notary Commission expires
<i>2-25-1965</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--------------------------------|--|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #101489 | | Date issued
--- | Date Orig. Entry
Child born
May 9, 1922 |
| | Date of Birth
Age 24 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Photocopy of employment
record | | By whom issued and signed
University of Idaho
G. G., Dean or Division Head | | Date issued
June 20,
1955 | Date Orig. Entry
Employed
July 1, 1955 |
| | Date of Birth
April 22,
1898 | Birth Place
---- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by person present
at birth Age: 84 | | By whom issued and signed
Etta May Brocke | | Date issued
June 4, 1964 | Date Orig. Entry
---- |
| | Date of Birth
April 22,
1898 | Birth Place
Kendrick, Idaho | Full Name of Mother
Emma Neal Massey | | Name of Father
Calvin James Stockwell | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
gml Glenda M. Larson | | | Date Filed
June 16, 1964 |

St. Paul

JUN 16 1964



ST. PAUL, MINN.
JUN 16 1964

ST. PAUL, MINN. JUN 16 1964

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ST. PAUL, MINN.
JUN 16 1964

419-28-026-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 64-461

| | | | | | | |
|--|--|---|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
George Dewey Marler | | | 2. Date of Birth
(month) June (day) 28 (year) 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
a. County Jefferson | b. City or Town of Birth
Labell | | |
| FATHER | 6. Full Name of Father
George Washington Marler | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Martha Marie Christiansen | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>George D Marler</i> | | 11. Present Address of Registrant
Yellowstone National Park, Wyo. |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 19</i> 1964 | | | 12. Signature of Notary
<i>James W Brown</i> | | 13. Notary Commission expires
<i>June 10</i> 1964 |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1- | Type of Document
Statement of affidavit for employment (photocopy) | | By whom issued and signed
National Park Service,
Yellowstone National Park | | Date issued
--- | Date Orig. Entry
July 18, 1940 |
| | Date of Birth
June 28, 1898 | Birth Place
Labell, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2- | Type of Document
photocopy of Patriarchal blessing | | By whom issued and signed
LDS Church, Hyrum G. Smith,
Patriarch | | Date issued
July 26, 1922 | Date Orig. Entry
July 26, 1922 |
| | Date of Birth
June 28, 1898 | Birth Place
Labelle, Jefferson County, Idaho | Full Name of Mother
Martha (Christiansen) Marler | | Name of Father
George Washington Marler | |
| SUPPORTING
RECORD 3- | Type of Document
Insurance Policy #1005996 | | By whom issued and signed
World Insurance Company
Omaha, Nebraska | | Date issued
Jan. 27, 1954 | Date Orig. Entry
Jan. 27, 1954 |
| | Date of Birth
June 28, 1898 | Birth Place
--- | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
gml Glenda Larson | | | Date Filed
June 25, 1964 |

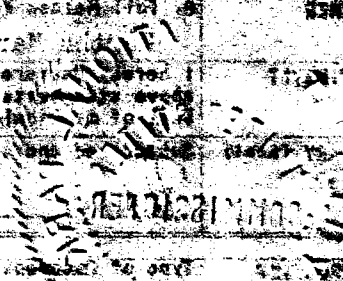
JUN 26 1964

DELETED CERTIFICATE OF BIRTH

STATE OF UTAH

Marley

| | |
|-----------------|------|
| DATE OF BIRTH | 1938 |
| PLACE OF BIRTH | Utah |
| STATE OF BIRTH | Utah |
| CITY OF BIRTH | Utah |
| COUNTY OF BIRTH | Utah |
| NAME OF BIRTH | Utah |
| DATE OF BIRTH | 1938 |
| PLACE OF BIRTH | Utah |
| STATE OF BIRTH | Utah |
| CITY OF BIRTH | Utah |
| COUNTY OF BIRTH | Utah |
| NAME OF BIRTH | Utah |



| | |
|-----------------|------|
| DATE OF BIRTH | 1938 |
| PLACE OF BIRTH | Utah |
| STATE OF BIRTH | Utah |
| CITY OF BIRTH | Utah |
| COUNTY OF BIRTH | Utah |
| NAME OF BIRTH | Utah |
| DATE OF BIRTH | 1938 |
| PLACE OF BIRTH | Utah |
| STATE OF BIRTH | Utah |
| CITY OF BIRTH | Utah |
| COUNTY OF BIRTH | Utah |
| NAME OF BIRTH | Utah |

168-210-236-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 64-559

| | | | | | | |
|---|---|------------------|---|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Ann Lloyd John | | | 2. Date (month) (day) (year)
Of Birth August 10, 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Oneida County, Idaho | b. City or Town of Birth
Near Malad City | | |
| FATHER | 6. Full Name of Father
William L. John | | | 7. State or Country of Father's Birth
Glamorganshire, South Wales | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Ann Edwards | | | 9. State or Country of Mother's Birth
Glamorganshire, South Wales | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Ann Lloyd John</i> | | 11. Present Address of Registrant
Malad City, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 29 19 64 | | | 12. Signature of Notary
<i>Gas. B. Jones</i> | | 13. Notary Commission expires
Nov. 20 19 64 |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
|--|---|--|---|--|-----------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
photocopy of application for social security #518-32-4794 | | By whom issued and signed
Treasury Department | | Date issued
Aug. 31, 1960 | Date Orig. Entry
March 8, 1948 |
| | Date of Birth
August 10, 1898 | Birth Place
Malad, Oneida County, Idaho | Full Name of Mother
Mary Ann Edwards | | Name of Father
William L. John | |
| SUPPORTING RECORD 2- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #46615 | | Date issued
--- | Date Orig. Entry
child born Dec. 15, 1916 |
| | Date of Birth
Age 18 | Birth Place
Malad, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by neighbor at time of birth Age 79 | | By whom issued and signed
Thomas D. Evans | | Date issued
July 29, 1964 | Date Orig. Entry
--- |
| | Date of Birth
Aug. 10, 1898 | Birth Place
Oneida County, Idaho | Full Name of Mother
Mary Ann Edwards John | | Name of Father
William L. John | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---------------------------------------|-------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
W. W. Benson | Evidence reviewed by
Glenda Larson | Date Filed
August 11, 1964 |

AUG 12 1964

DECEASED CERTIFICATE OF BIRTH
STATE OF IDAHO

| | | | |
|--|--|---|--|
| REGISTRATION
This is to certify that the following is a true and correct copy of the original birth record as filed in the Division of Vital Statistics for the State of Idaho. | | Date of Birth: August 10, 1906
Place of Birth: [illegible] | |
| FATHER: [illegible]
MOTHER: [illegible] | | Date of Death: [illegible]
Place of Death: [illegible] | |
| Date of Burial: [illegible]
Place of Burial: [illegible] | | Date of Registration: [illegible]
Place of Registration: [illegible] | |
| Date of Issuance: [illegible]
Place of Issuance: [illegible] | | Date of Review: [illegible]
Place of Review: [illegible] | |



76628-036-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 64-787

| | | | | | | | |
|--|---|-------------------------|--|-----------|--|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Ann Powell Olsen</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>October 18 1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth
<i>Samaria Oneida</i> | a. County | b. City or Town of Birth
<i>Samaria, Oneida, Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>William James McGinnis Powell</i> | | | | 7. State or Country of Father's Birth
<i>Utah, Salt Lake City</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Sarah Jenkins</i> | | | | 9. State or Country of Mother's Birth
<i>Utah, Salt Lake City</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Ann Powell Olsen</i> | | 11. Present Address of Registrant
<i>Franklin, Franklin, Co., Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Nov - 21 1963</i> | | | | 12. Signature of Notary
<i>Carol P. Hendricks</i> | | 13. Notary Commission expires
<i>8-7-1964</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|---|--|--|------------------------------------|
| SUPPORTING
RECORD 1- | Type of Document
Certified copy of app. for marriage license | | By whom issued and signed
Blanche B. Taylor, Deputy Clerk | | Date issued
Sept. 23, 1924 | Date Orig. Entry
Sept. 19, 1963 |
| | Date of Birth
Oct. 18, 1898 | Birth Place
Samaria, Idaho | Full Name of Mother
Sarah Jenkins | | Name of Father
W. J. Powell | |
| SUPPORTING
RECORD 2- | Type of Document
Affidavit by aunt Age 81 | | By whom issued and signed
Margaret Jane Powell Hill | | Date issued
Oct. 31, 1961 | Date Orig. Entry
---- |
| | Date of Birth
Oct. 18, 1898 | Birth Place
Samaria, Oneida County, Idaho | Full Name of Mother
Sarah Jenkins | | Name of Father
William James Powell | |
| SUPPORTING
RECORD 3- | Type of Document
Church Certificate of birth | | By whom issued and signed
LDS Church, Salt Lake City, Utah | | Date issued
Nov. 23, 1961 | Date Orig. Entry
March 3, 1907 |
| | Date of Birth
Oct. 18, 1898 | Birth Place
Samaria, Oneida County, Idaho | Full Name of Mother
Sarah Jenkins | | Name of Father
William Powell | |

QUALIFYING INFORMATION

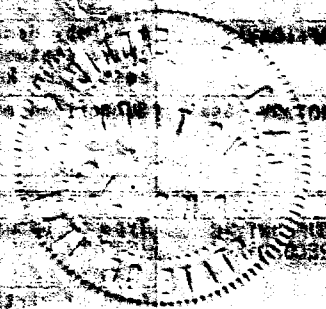
REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|-----------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
sm gml Glenda Larson | Date Filed
Nov. 27, 1964 |

DELETED CERTIFICATE OF BIRTH STATE OF IDAHO

NOV 30 1934

| | | | | |
|--------------------------------------|--------------------------------------|----------------------------|-------------------------|-------------------------|
| 1. Name of Child | 2. Date of Birth | 3. Place of Birth | 4. Name of Father | 5. Name of Mother |
| | | | | |
| 6. State or County of Father's Birth | 7. State or County of Mother's Birth | 8. Name of Father | 9. Name of Mother | 10. Name of Child |
| | | | | |
| 11. Present Address of Registrant | 12. Name of Registrar | 13. Signature of Registrar | 14. Signature of Father | 15. Signature of Mother |
| | | | | |



| | | | | |
|---------------------------------------|---------------------------------------|----------------------------|-------------------------|-------------------------|
| 16. Name of Child | 17. Date of Birth | 18. Place of Birth | 19. Name of Father | 20. Name of Mother |
| | | | | |
| 21. State or County of Father's Birth | 22. State or County of Mother's Birth | 23. Name of Father | 24. Name of Mother | 25. Name of Child |
| | | | | |
| 26. Present Address of Registrant | 27. Name of Registrar | 28. Signature of Registrar | 29. Signature of Father | 30. Signature of Mother |
| | | | | |

793208-036-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 65-212

| | | | | | |
|---|---|-------------------------|--------------------------------------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>ERMA GILBERT</u> | | | 2. Date (month) (day) (year)
Of Birth <u>MARCH</u> <u>8</u> <u>1898</u> | |
| FATHER | 3. Color or Race
<u>white</u> | 4. Sex
<u>FEMALE</u> | 5. Place of Birth
<u>FAIRVIEW</u> | a. County
<u>Oneida</u> | b. City or Town of Birth
<u>FAIRVIEW</u> |
| MOTHER | 6. Full Name of Father
<u>DANIEL GILBERT</u> | | | 7. State or Country of Father's Birth
<u>EAST GRANTON, ENGLAND</u> | |
| AFFIDAVIT | 8. Full Maiden Name of Mother
<u>AMELIA JOHANNA HANSEN</u> | | | 9. State or Country of Mother's Birth
<u>COPENHAGEN, DENMARK</u> | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Erma Gilbert</u> | 11. Present Address of Registrant
<u>Preston, Idaho</u> |
| | Subscribed and sworn to before me on
<u>March 20 1964</u> | | | 12. Signature of Notary
<u>Will W. Smith</u> | 13. Notary Commission expires
<u>April 5 1966</u> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|--|--|---|---|---|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by person present at time of birth | By whom issued and signed
Carrie Gilbert Knudsen
(15 years older) | Date issued
March 30, 1961 | Date Orig. Entry
----- |
| | Date of Birth
March 8, 1898 | Birth Place
Fairview, Idaho
Oneida County | Full Name of Mother
Amelia Johana Hansen Gilbert | Name of Father
Daniel Gilbert |
| SUPPORTING RECORD 2. | Type of Document
photocopy of application for insurance policy | By whom issued and signed
Old West Life Insurance Co. | Date issued
----- | Date Orig. Entry
Oct. 29, 1959 |
| | Date of Birth
March 8, 1898 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- |
| SUPPORTING RECORD 3. | Type of Document
Statement regarding church records | By whom issued and signed
LDS Church, Fairview Ward,
Franklin Stake, Preston, Idaho | Date issued
March 21, 1965 | Date Orig. Entry
Baptized
May 8, 1906 |
| | Date of Birth
Mar. 8, 1898 | Birth Place
Fairview, Oneida
County, Idaho | Full Name of Mother
Amelia J. Hansen | Name of Father
Daniel Gilbert |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
Glenda Larson | Date Filed
March 31, 1965 | |

413-124-033-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-617

| | | | | | | |
|--|--|------------------------------------|---|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Ray Ricks Dalling | | | | 2. Date (month) (day) (year)
Of Birth August 24 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Madison | | b. City or Town of Birth
Salem (mail Sugar City) | |
| FATHER | 6. Full Name of Father
John L. Dalling | | | | 7. State or Country of Father's Birth
Springville, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Sarah Eleanor Ricks | | | | 9. State or Country of Mother's Birth
Logan, Utah, (Cache) | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Ray Ricks Dalling</i> | | 11. Present Address of Registrant
Sugar City, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Aug 25 1965</i> | | | 12. Signature of Notary
<i>Ronda Barnes</i> | | 13. Notary Commission expires
<i>July 1967</i> |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Own child's Birth certificate | | By whom issued and signed
On file Idaho #210100 | | Date issued
----- | Date Orig. Entry
child born Jan. 22, 1933 |
| | Date of Birth
Age 34 | Birth Place
Sugar City | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2. | Type of Document
Insurance Policy #27799 | | By whom issued and signed
Inter-Mountain Life Ins. Co. Salt Lake City, Utah | | Date issued
Aug. 18, 1926 | Date Orig. Entry
July 13, 1926 |
| | Date of Birth
Aug. 24, 1898 | Birth Place
----- | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by brother | | By whom issued and signed
William R. Dalling, Age 78 | | Date issued
Aug. 25, 1965 | Date Orig. Entry
----- |
| | Date of Birth
Aug. 24, 1898 | Birth Place
Salem, Idaho | Full Name of Mother
Sarah Eleanor Ricks Dalling | | Name of Father
John Loader Dalling | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
gml Glenda Larson | | | Date Filed
Sept. 2, 1965 |

SEP 2 1965

Balling



| | | | | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| 14-00000-1 | 14-00000-2 | 14-00000-3 | 14-00000-4 | 14-00000-5 | 14-00000-6 | 14-00000-7 | 14-00000-8 | 14-00000-9 | 14-00000-10 |
| 14-00000-11 | 14-00000-12 | 14-00000-13 | 14-00000-14 | 14-00000-15 | 14-00000-16 | 14-00000-17 | 14-00000-18 | 14-00000-19 | 14-00000-20 |
| 14-00000-21 | 14-00000-22 | 14-00000-23 | 14-00000-24 | 14-00000-25 | 14-00000-26 | 14-00000-27 | 14-00000-28 | 14-00000-29 | 14-00000-30 |
| 14-00000-31 | 14-00000-32 | 14-00000-33 | 14-00000-34 | 14-00000-35 | 14-00000-36 | 14-00000-37 | 14-00000-38 | 14-00000-39 | 14-00000-40 |
| 14-00000-41 | 14-00000-42 | 14-00000-43 | 14-00000-44 | 14-00000-45 | 14-00000-46 | 14-00000-47 | 14-00000-48 | 14-00000-49 | 14-00000-50 |
| 14-00000-51 | 14-00000-52 | 14-00000-53 | 14-00000-54 | 14-00000-55 | 14-00000-56 | 14-00000-57 | 14-00000-58 | 14-00000-59 | 14-00000-60 |
| 14-00000-61 | 14-00000-62 | 14-00000-63 | 14-00000-64 | 14-00000-65 | 14-00000-66 | 14-00000-67 | 14-00000-68 | 14-00000-69 | 14-00000-70 |
| 14-00000-71 | 14-00000-72 | 14-00000-73 | 14-00000-74 | 14-00000-75 | 14-00000-76 | 14-00000-77 | 14-00000-78 | 14-00000-79 | 14-00000-80 |
| 14-00000-81 | 14-00000-82 | 14-00000-83 | 14-00000-84 | 14-00000-85 | 14-00000-86 | 14-00000-87 | 14-00000-88 | 14-00000-89 | 14-00000-90 |
| 14-00000-91 | 14-00000-92 | 14-00000-93 | 14-00000-94 | 14-00000-95 | 14-00000-96 | 14-00000-97 | 14-00000-98 | 14-00000-99 | 14-00000-100 |

168 / 30 - 215 - 415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De.65-688

| | | | | | | |
|--|--|--|--|---|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
James Rolland Johnson | | | 2. Date (month) (day) (year)
Of Birth September 30 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Idaho | a. County
Caribou | b. City or Town of Birth
Chesterfield, Idaho. | |
| FATHER | 6. Full Name of Father
Isaac Rollinson Johnson | | | 7. State or Country of Father's Birth
Utah, Bountiful Davis Co. | | |
| MOTHER | 8. Full Maiden Name of Mother
Annie Laura Davids | | | 9. State or Country of Mother's Birth
Utah, Bountiful Davis Co. | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>James Rolland Johnson</i> | | 11. Present Address of Registrant
<i>2614 Diamond St.
San Francisco, Calif.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>November 14 1962</i> | | | 12. Signature of Notary
<i>Dorothy D. Barr</i> | | 13. Notary Commission expires
My Commission Expires August 16, 1966
19 |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by mother | | By whom issued and signed
Annie Laura Holt | | Date issued
Dec. 6, 1962 | Date Orig. Entry
----- |
| | Date of Birth
Sept. 30 1898 | Birth Place
Chesterfield, Idaho
Caribou County | Full Name of Mother
Annie Laura Davids | | Name of Father
Isaac Rollinson Johnson | |
| SUPPORTING
RECORD 2. | Type of Document
certified copy of marriage record | | By whom issued and signed
County Recorder's office
San Francisco Co., Calif. | | Date issued
July 1, 1965 | Date Orig. Entry
Oct. 25, 1924 |
| | Date of Birth
Age 26 | Birth Place
Idaho | Full Name of Mother
Anna L. Davids | | Name of Father
Isaac R. Johnson | |
| SUPPORTING
RECORD 3. | Type of Document
military record of discharge and enlistment | | By whom issued and signed
Army of the United States | | Date issued
Feb. 5, 1923 | Date Orig. Entry
Dec. 15, 1919 |
| | Date of Birth
Age 21 1/2 | Birth Place
Chesterfield, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar | | | Evidence reviewed by
Glenda Larson | | Date Filed
Sept. 29, 1965 |

SEP 29 1965

STATE OF ALABAMA
DEPARTMENT OF REVENUE
OFFICE OF THE COMMISSIONER

| | | | |
|---|--|---|--|
| Name of Taxpayer
James Roland Johnson | | Date of Birth
September 30, 1908 | |
| Home Address
White | | Business Address
Chattanooga, Tenn. | |
| Type of Return
Income | | Period for which return is made
Year ending December 31, 1964 | |
| Gross Income
1,200.00 | | Less: Deductions
100.00 | |
| Net Income
1,100.00 | | Tax
220.00 | |
| Total Tax
220.00 | | Amount Paid
220.00 | |
| Balance Due
0.00 | | Refund
0.00 | |

[Handwritten signature: James Roland Johnson]

[Circular Stamp: OFFICE OF THE COMMISSIONER, DEPARTMENT OF REVENUE, ALABAMA]

James Roland Johnson
Commissioner of Revenue
State of Alabama

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. **DE 65-742**

| | | | | | | |
|---|---|-----------------------|---|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
HERBERT LEE COX | | | 2. Date (month) (day) (year)
1 31 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County Shoshone
b. City or Town of Birth Wardner, Idaho | | | |
| FATHER | 6. Full Name of Father
Joseph Bruce Cox | | | 7. State or Country of Father's Birth
Tennessee, USA | | |
| MOTHER | 8. Full Maiden Name of Mother
Amanda Christina Anderson | | | 9. State or Country of Mother's Birth
Sweden | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Herbert Lee Cox</i> | | 11. Present Address of Registrant
<i>Box 386-Kellogg-Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
February 25, 19 63 | | | 12. Signature of Notary
<i>Eugene J. ...</i> | | 13. Notary Commission expires
October 23, 19 67 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|---|--------------------------------------|--|---|---|
| SUPPORTING RECORD 1- | Type of Document
University Record
Certified copy | | By whom issued and signed
F. L. O'Neill, Registrar | Date issued
April 23 1964 | Date Orig. Entry Entered
Sept. 18, 1916 |
| | Date of Birth
Jan. 31, 1898 | Birth Place
Idaho | Full Name of Mother
----- | Name of Father
J. B. Cox | |
| SUPPORTING RECORD 2- | Type of Document
Honorable Discharge | | By whom issued and signed
United States Army | Date issued
----- | Date Orig. Entry
Nov 19 1918 |
| | Date of Birth
Jan. 31 1898 | Birth Place
Wardner, Idaho | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by sister Age 69 | | By whom issued and signed
Evelyn Cox Hare | Date issued
Oct. 22 1958 | Date Orig. Entry
----- |
| | Date of Birth
Jan. 31 1898 | Birth Place
Wardner, Idaho | Full Name of Mother
Amanda Christina Anderson | Name of Father
Joseph Bruce Cox | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
W. W. Benson | Evidence reviewed by
Florence Curtright | Date Filed
Oct. 21, 1965 |

851-229.037-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 65-908

| | | | | | | |
|--|---|--------------------|------------------------------------|--|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Eileen H. Bachman</i> ^{Heazle} (maiden name) | | | 2. Date (month) (day) (year)
Of Birth <i>12 29 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Owyhee</i> | 6. City or Town of Birth
<i>De Lamar</i> | | |
| FATHER | 6. Full Name of Father
<i>John B. Heazle</i> | | | 7. State or Country of Father's Birth
<i>Ireland</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Nellie T. Heazle</i> | | | 9. State or Country of Mother's Birth
<i>Nevada</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Eileen H. Bachman</i> | | 11. Present Address of Registrant
<i>Boise,</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>December 13 1965</i> | | | 12. Signature of Notary
<i>Hazel L. Shurlbert</i> | | 13. Notary Commission expires
<i>Sept. 28 1968</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|--|---|---|---|--|
| SUPPORTING
RECORD 1- | Type of Document
<i>Affidavit by friend age 75</i> | | By whom issued and signed
<i>Jennie Morrell</i> | Date Issued
<i>Dec. 13 1965</i> | Date Orig. Entry
<i>-----</i> |
| | Date of Birth
<i>Dec. 29, 1898</i> | Birth Place
<i>De Lamar</i> | Full Name of Mother
<i>Nellie T. Miles</i> | Name of Father
<i>John B. Heazle</i> | |
| SUPPORTING
RECORD 2- | Type of Document
<i>Original News Clipping</i> | | By whom issued and signed
<i>Owyhee Nuggett News</i> | Date issued
<i>-----</i> | Date Orig. Entry
<i>Obviously old</i> |
| | Date of Birth
<i>Dec. 29, 1898</i> | Birth Place
<i>De Lamar</i> | Full Name of Mother
<i>Nellie Miles Heazle</i> | Name of Father
<i>John B. Heazle</i> | |
| SUPPORTING
RECORD 3- | Type of Document
<i>Own child's birth certificate</i> | | By whom issued and signed
<i>on record in State of Idaho # 40030</i> | Date issued
<i>-----</i> | Date Orig. Entry
<i>child born May 13, 1916</i> |
| | Date of Birth
<i>Age 17</i> | Birth Place
<i>Owyhee County De Lamar, Idaho</i> | Full Name of Mother
<i>-----</i> | Name of Father
<i>-----</i> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|--|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar

<i>W. W. Benson</i> | Evidence reviewed by

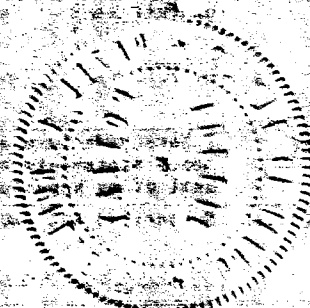
<i>fc Florance Curtright</i> | Date Filed

<i>Dec. 13, 1965</i> |

DEC 13 1965

OFFICE OF THE ATTORNEY GENERAL

Marx (Maiden name)



John E. Marx

Mollie T. Marx

Wayne Huggell Marx

Mollie Miller Marx

on record in state of Idaho

own child birth certificate

Boyer County

De Lamar, Idaho

Age 17

to Florence Gutzwiller

W. E. Benson

Dec. 13, 1965

719-204-029-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-077

| | | | | |
|--|---|------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mary Jane Garner | | 2. Date (month) (day) (year)
Of Birth March 4 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Latah b. City or Town of Birth
Linden | |
| FATHER | 6. Full Name of Father
Ruben V. Garner | | 7. State or Country of Father's Birth
Kansas City, Mo. | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Jane Thompson | | 9. State or Country of Mother's Birth
Not Known | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
Mary Jane Garner | |
| NOTARY (Seal) | Subscribed and sworn to before me on
January 18 1966 | | 11. Present Address of Registrant
126-16th Ave, Clarkston Va.
12. Signature of Notary
[Signature]
13. Notary Commission expires
Oct. 15, 1969 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------------------|--|------------------------------|--|--|-----------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
Federal Census Record | | By whom issued and signed
U.S. Department of Commerce
Bureau of Vital Statistics | | Date issued
Jul. 22, 1965 | Date Orig. Entry
April 15, 1910 |
| | Date of Birth
Age 12 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
Ruben V. Garner | |
| SUPPORTING RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #188515 | | Date issued
----- | Date Orig. Entry
child born
Feb. 21, 1931 |
| | Date of Birth
Age 32 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by neighbor at time of birth | | By whom issued and signed
Mary French Ruberg Age 78 | | Date issued
Nov. 19, 1965 | Date Orig. Entry
----- |
| | Date of Birth
Mar. 4, 1898 | Birth Place
Linden, Idaho | Full Name of Mother
Mary Jane Garner | | Name of Father
Ruben V. Garner | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. Benson | | Evidence reviewed by
gml Glenda Larson | | Date Filed
Jan. 25, 1966 | |

JAN 25 1966

Kylostin



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-386

| | | | | | | |
|---|---|-----------------------|--|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Lynwood Watson Fix | | | 2. Date (month) (day) (year)
Birth July 19 1898 | | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Nez Perce
b. City or Town of Birth
Lewiston | | | |
| FATHER | 6. Full Name of Father
John Michael Fix | | | 7. State or Country of Father's Birth
Germany | | |
| MOTHER | 8. Full Maiden Name of Mother
Ella Elizabeth Blissett | | | 9. State or Country of Mother's Birth
Oysterville, Washington | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant.
<i>Lynwood Watson Fix</i> | | 11. Present Address of Registrant
4430-149 S.E.
Bellevue, Washington |
| NOTARY (Seal) | Subscribed and sworn to before me on
April 18, 1966 | | | 12. Signature of Notary
<i>Eugene Hooper</i> | | 13. Notary Commission expires
September 21, 1967 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|---------------------------------------|---|--|--------------------------------------|---|
| SUPPORTING RECORD 1. | Type of Document
Insurance Policy #2134038 | | By whom issued and signed
The Travelers Ins. Co. of Hartford, Connecticut | | Date issued
May 18, 1940 | Date Orig. Entry
April 23, 1940 |
| | Date of Birth
July 19, 1898 | Birth Place
Idaho | Full Name of Mother
_____ | | Name of Father
_____ | |
| SUPPORTING RECORD 2. | Type of Document
Statement regarding lodge record (Seattle, Wash.) | | By whom issued and signed
St. John's Lodge #9 F.&A.M. Stanley Kimball, Sec. | | Date issued
Jan. 26, 1966 | Date Orig. Entry
Sept. 9, 1944 |
| | Date of Birth
July 19, 1898 | Birth Place
Lewiston, Idaho | Full Name of Mother
_____ | | Name of Father
_____ | |
| SUPPORTING RECORD 3. | Type of Document
Federal Census record | | By whom issued and signed
U.S. Department of Commerce Bureau of the Census | | Date issued
Mar. 18, 1966 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
July 1898 | Birth Place
Idaho | Full Name of Mother
L. E. Fix | | Name of Father
John M. Fix | |
| QUALIFYING INFORMATION | certified copy of marriage affidavit for license issued by King County, Washington on Jan. 26, 1966 gives age as 29 on May 1, 1928. | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. W. Benson</i> | | Evidence reviewed by
gml Glenda Larson | | Date Filed
May 3, 1966 | |

MAY 3 1966

changed parents
birth places
US DUP

dup of 1898-1961-854

BOTH
DELAYED

168-103-004-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 66-986

| | | | | | | |
|--|---|-----------------------|--|--------------------------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Andie Andrew Williams Johnson</i> | | | | 2. Date (month) (day) (year)
Of Birth Sept 3 1898 | |
| | 3. Color or Race
white | 4. Sex
male | 5. Place of Birth
Ovid Bear Lake | a. County
Ovid | | |
| FATHER | 6. Full Name of Father
Andrew Hyrum Johnson | | | | 7. State or Country of Father's Birth | |
| MOTHER | 8. Full Maiden Name of Mother
Eliza Beach | | | | 9. State or Country of Mother's Birth | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Andrew Williams Johnson</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
Sept 6, 1966 | | | | 11. Present Address of Registrant | |
| | | | | | 12. Signature of Notary
<i>Clara Jenkins</i> | |
| | | | | | 13. Notary Commission expires
March 17 1972 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|--|---|---|--|---|---|
| SUPPORTING
RECORD 1. | Type of Document
Affidavit by aunt Age 79 | | By whom issued and signed
Nell W. Beach | | Date issued
Sept. 6, 1966 | Date Orig. Entry
----- |
| | Date of Birth
Sept. 3, 1898 | Birth Place
Ovid, Bear Lake County, Idaho | Full Name of Mother
Eliza Beach | | Name of Father
Andrew Hyrum Johnson | |
| SUPPORTING
RECORD 2. | Type of Document
photocopy of application for insurance policy | | By whom issued and signed
Sentinel Security Life Ins. Co., Salt Lake City, Utah | | Date issued
Oct. 22, 1960 | Date Orig. Entry
Oct. 22, 1960 |
| | Date of Birth
Sept. 3, 1898 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING
RECORD 3. | Type of Document
Statement regarding church records (LDS Church) | | By whom issued and signed
Eugene L. Morris, Ward Clerk 12th Ward, So. Idaho Falls Stake | | Date issued
----- | Date Orig. Entry
blessed Dec. 4, 1898 |
| | Date of Birth
Sept. 3, 1898 | Birth Place
Ovid, Bear Lake County, Idaho | Full Name of Mother
Andrew Hyrum Johnson | | Name of Father
Eliza Beach | |

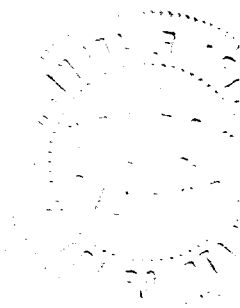
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | |
|--|--|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
gml Glenda Larson |
| | Date Filed
Nov. 16, 1966 |

Johnson
(Andrew Williams Johnson)


NOV 17 1966



168-228-001-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-013

| | | | | | | |
|---|---|--------|-------------------------|---------------------------------------|--|--|
| REGISTRANT
(person whose
birth is being
recorded)
SEATTLE
BERNARDE
OVERSTREET
CLERK
PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY | 1. Registrant's Full Name at Birth | | | 2. Date (month) (day) (year) | | |
| | LENNA MARY JOHNSON | | | April 28 1898 | | |
| | 3. Color or Race | 4. Sex | 5. Place of Birth | a. County | | |
| | White | female | ADA | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father | | | 7. State or Country of Father's Birth | | |
| | MICHAEL E. JOHNSON | | | NORWAY | | |
| MOTHER | 8. Full Maiden Name of Mother | | | 9. State or Country of Mother's Birth | | |
| | NINA MAUD CROUCH | | | IDAHO | | |
| AFFIDAVIT
 | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant | | |
| | Subscribed and sworn to before me on | | | 11. Present Address of Registrant | | |
| December 7 1967 | | | 12. Signature of Notary | | | 13. Notary Commission expires |
| | | | Bernard Mary Johnson | | | Duarte, Calif.
914B South Buena Vista |
| | | | Bernard M. Leakes | | | July 7 1970 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|----------------------|--|--|---------------------|-------------------------|
| SUPPORTING RECORD 1. | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
| | photocopy of family Bible record | Family Bible Record | ----- | obviously old |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
| | Apr. 28, 1898 | Boise City | Maude Crouch | Mike Johnson |
| SUPPORTING RECORD 2. | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
| | certified copy of marriage record #10488 | Los Angeles County recorders Office, California | Oct. 25, '67 | Aug. 23, 1923 |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
| | Age 25 | Idaho | Nina Maid Crouch | Michael Engwell Johnson |
| SUPPORTING RECORD 3. | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
| | federal census record | U.S. Department of Commerce Bureau of the Census | Oct. 23, 1967 | June 1, 1900 |
| | Date of Birth | Birth Place | Full Name of Mother | Name of Father |
| | April 1898 | Idaho | Maude Johnson | Mike Johnson |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|----------------------|-----------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar | Evidence reviewed by | Date Filed |
| W. W. Benson | Glenda Larson | January 8, 1968 |

JAN 8 1968

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-516

| | | | | | | |
|--|---|-------------------------|------------------------------------|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
EDITH MYRRELL BACH | | | | 2. Date (month) (day) (year)
Of Birth August 17 1898 | |
| | 3. Color or Race
Cau. | 4. Sex
Female | 5. Place of Birth
Cassia | 6. City or Town of Birth
Oakley | | |
| FATHER | 6. Full Name of Father
Fred Bach | | | | 7. State or Country of Father's Birth
California | |
| MOTHER | 8. Full Maiden Name of Mother
Lottie Brim | | | | 9. State or Country of Mother's Birth
Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Edith Bach</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
May 6 1968 | | | | 11. Present Address of Registrant
Oakley, Idaho | |
| | 12. Signature of Notary
<i>William A. Parsons</i> | | | | 13. Notary Commission expires
July 20 1970 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|---|---|--|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Church Certificate of Birth | | By whom issued and signed
LDS Church, Cassia Stake, Oakley
Ward, MEEmbers record #22353 | | Date Issued
Apr. 30, 1968 | Date Orig. Entry
Mar. 5, 1899 |
| | Date of Birth
Aug. 17, 1898 | Birth Place
Oakley, Idaho
Cassia County | Full Name of Mother
Julia Lottie Brim | | Name of Father
Fred Bach | |
| SUPPORTING
RECORD 2- | Type of Document
Statement regarding hospital
records | | By whom issued and signed
Magic Valley Memorial Hosp.,
Twin Falls, Idaho | | Date Issued
Apr. 16, 1968 | Date Orig. Entry
Oct. 8, 1952 |
| | Date of Birth
Aug. 17, 1898 | Birth Place
Oakley, Idaho | Full Name of Mother
Lottie Brim | | Name of Father
Fred Bach | |
| SUPPORTING
RECORD 3- | Type of Document
Affidavit by person with
personal knowledge of birth | | By whom issued and signed
Millie Brim Clark Age: 89 | | Date Issued
Apr. 30, 1968 | Date Orig. Entry
---- |
| | Date of Birth
Aug. 17, 1898 | Birth Place
Oakley, Idaho | Full Name of Mother
Julia Lottie Brim | | Name of Father
James Fredrich Bach | |

| | | | |
|--|--|--|-----------------------------------|
| QUALIFYING
INFORMATION | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Glenda Larson | Date Filed
May 21, 1968 |

MAY 21 1968

419-204-003-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 68-569

| | | | | |
|---|---|-------------------------|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Lottie Marshall</i> | | 2. Date (month) (day) (year)
Of Birth <i>Dec 4 1898</i> | |
| FATHER | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Downey Bannock</i> | 6. City or Town of Birth
<i>Downey</i> |
| MOTHER | 6. Full Name of Father
<i>Alexander Marshall</i> | | 7. State or Country of Father's Birth
<i>Scotland Lanark Maryhill.</i> | |
| AFFIDAVIT | 8. Full Maiden Name of Mother
<i>Elizabeth Diannah Bloxham</i> | | 9. State or Country of Mother's Birth
<i>Utah Davis Kayville.</i> | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Lottie M. Dewey</i> | |
| | Subscribed and sworn to before me on
<i>July 28 1967</i> | | 11. Present Address of Registrant
<i>Downey Bannock Idaho</i> | |
| | 12. Signature of Notary
<i>John B. Brown</i> | | 13. Notary Commission expires
<i>Oct 25 1968</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | |
|-----------------------------|--|---|--|---|
| SUPPORTING RECORD 1- | Type of Document
photocopy of Certificate of baptism and Confirmation | By whom issued and signed
LDS Church, Downey Ward
Geo. Hyde, Bishop | Date issued
----- | Date Orig. Entry
baptized
July 31, 1907 |
| | Date of Birth
Dec. 4, 1898 | Birth Place
Downey, Idaho
Bannock County | Full Name of Mother
Elizabeth Bloxham | |
| | Name of Father
Alex Marshall | | | |
| SUPPORTING RECORD 2- | Type of Document
Own child's birth certificate | By whom issued and signed
On File Idaho #52927 B | Date issued
----- | Date Orig. Entry
child born
Sept. 2, 1917 |
| | Date of Birth
Age 18 | Birth Place
Downey | Full Name of Mother
----- | |
| | Name of Father
----- | | | |
| SUPPORTING RECORD 3- | Type of Document
photocopy of application for insurance policy | By whom issued and signed
American Republic Ins. Co. | Date issued
---- | Date Orig. Entry
Jan. 31, 1961 |
| | Date of Birth
Dec. 4, 1898 | Birth Place
---- | Full Name of Mother
---- | |
| | Name of Father
----- | | | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | |
|--|---|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | |
| State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
gmL Glenda Larson |
| Date Filed
June 11, 1968 | |

JUN 11 1968

Long.

367-123-035-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 68-594

| | | | | | |
|---|---|--------------------|--|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
LEO ELSWORTH COX | | | 2. Date (month) (day) (year)
MAY 23 1898 | |
| FATHER | 3. Color or Race
W | 4. Sex
M | 5. Place of Birth a. County
LELAND IDAHO Nez Perce | | b. City or Town of Birth
LELAND IDAHO |
| MOTHER | 6. Full Name of Father
JAMES EDWARD COX | | | 7. State or Country of Father's Birth
CHAMPAIGN ILLS | |
| AFFIDAVIT | 8. Full Maiden Name of Mother
CASSIE WHITE | | | 9. State or Country of Mother's Birth
POMEROY WASH | |
| NOTARY (Seal) | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Leo Elsworth Cox</i> | |
| | Subscribed and sworn to before me on
<i>Apr. 27 1967</i> | | | 11. Present Address of Registrant
706 S LAKE ST. COLFAX WN. | |
| | 12. Signature of Notary
<i>Melvin H. Jarry</i> | | | 13. Notary Commission expires
<i>Dec. 20 1968</i> | |

| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | |
|---|---|------------------------------|---|--|------------------------------------|
| SUPPORTING RECORD 1- | Type of Document
photocopy of application for insurance policy | | By whom issued and signed
Mutual Benefit Health & Accident assoc. (Washington Group) | | Date issued
----- |
| | Date of Birth
May 23, 1898 | Birth Place
----- | Full Name of Mother
----- | | Date Orig. Entry
Nov. 10, 1961 |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by family friend | | By whom issued and signed
Eva K. Stewart Age 86 | | Date issued
May 31, 1967 |
| | Date of Birth
May 23, 1898 | Birth Place
Leland, Idaho | Full Name of Mother
Cassie Cox | | Date Orig. Entry
----- |
| SUPPORTING RECORD 3- | Type of Document
Statement regarding school records | | By whom issued and signed
Washington State University | | Date issued
June 6, 1968 |
| | Date of Birth
May 23, 1898 | Birth Place
Leland, Idaho | Full Name of Mother
----- | | Date Orig. Entry
Sept. 21, 1915 |
| QUALIFYING INFORMATION | | | Name of Father
James Edward Cox | | |
| | | | | | |

| | | | |
|--|--|---|-----------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. H. Benson</i> | Evidence reviewed by
gml Glenda Larson | Date Filed
June 14, 1968 |

JUN 14 1968

DELAIDED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-789

| | | | | | | | |
|--|---|--------|--------------------------------------|---------------------------------------|--|-------|--------|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth | | 2. Date
Of
Birth | | (month) | (day) | (year) |
| | LILY FLORENCE LINER | | August | | 1 | 1898 | |
| FATHER | 3. Color or Race | 4. Sex | 5. Place of Birth | a. County | b. City or Town of Birth | | |
| | White | female | Latah | | Helmer | | |
| MOTHER | 6. Full Name of Father | | | 7. State or Country of Father's Birth | | | |
| | J. Gustaf Liner | | | Sweden | | | |
| AFFIDAVIT | 8. Full Maiden Name of Mother | | | 9. State or Country of Mother's Birth | | | |
| | Hannah Alette Hanson | | | Minnesota, USA | | | |
| NOTARY (Seal) | I hereby declare upon oath that the
above statements are true to the
best of my knowledge and belief. | | 10. Signature of Registrant | | 11. Present Address of Registrant | | |
| | | | <i>Helene Lily Florence Williams</i> | | 4644 SE 84th Avenue,
Portland, Oregon 97266 | | |
| | Subscribed and sworn to before me on | | 12. Signature of Notary | | 13. Notary Commission expires | | |
| | August 8, 1968 | | <i>J. M. M. 54</i> | | September 3 1971 | | |

APPLICANT- DO NOT WRITE BELOW THIS LINE

| SUPPORTING RECORD 1. | | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
|----------------------|--|-----------------------------------|---|-----------------|------------------|
| | | Affidavit by sister | Clara Lydia Liner Allen
(bd. 12-18-1887) | Jul.19,1968 | ---- |
| | | Date of Birth Birth Place | Full Name of Mother | Name of Father | |
| | | Aug.1,1898 Helmer, Idaho | Hannah Alette Hanson Liner | J. Gustaf Liner | |
| SUPPORTING RECORD 2. | | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
| | | photocopy of family Bible records | Family Bible Records | ---- | obviously old |
| | | Date of Birth Birth Place | Full Name of Mother | Name of Father | |
| | | Aug.1,1898 --- | ---- | ---- | |
| SUPPORTING RECORD 3. | | Type of Document | By whom issued and signed | Date issued | Date Orig. Entry |
| | | photocopy of funeral service plan | The Purple Cross Plan | ----- | Nov.15,1961 |
| | | Date of Birth Birth Place | Full Name of Mother | Name of Father | |
| | | Aug.1,1898 Helmer, Idaho | Hannah Hanson | John G. Liner | |

QUALIFYING INFORMATION

| | | | |
|--|--|---------------------------------------|------------------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
Glenda Larson | Date Filed
Sept. 11, 1968 |

SEP 11 1968

915-01-006-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 68-1058

| | | | | |
|---|---|-----------------------|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Lloyd Franklin Randall | | 2. Date (month) (day) (year)
Of Birth October 1 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Bingham | b. City or Town of Birth
Idaho Falls |
| FATHER | 6. Full Name of Father
Franklin Arthur Randall | | 7. State or Country of Father's Birth
Harrisville, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Rosabelle Bronson | | 9. State or Country of Mother's Birth
Huntsville, Utah | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Lloyd F. Randall</i> | |
| | | | 11. Present Address of Registrant
<i>At #2 Box 56, Idaho Falls Idaho</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>December 24 1968</i> | | 12. Signature of Notary
<i>Margaret Lawrence</i> | |
| | | | 13. Notary Commission expires
<i>4/10 1969</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
Affidavit by mother Age 63 | | By whom issued and signed
Rosabelle Bronson Randall | Date issued
Feb. 12, 1942 | Date Orig. Entry
---- |
| | Date of Birth
Oct. 1, 1898 | Birth Place
Idaho Falls, Ida | Full Name of Mother
Rosabelle Bronson | Name of Father
Franklin Arthur Randall | |
| | | | | | |
| SUPPORTING RECORD 2. | Type of Document
Certificate of birth | | By whom issued and signed
L.D.S. Church | Date issued
Dec. 20, 1968 | Date Orig. Entry
Entered June 2, 1907 |
| | Date of Birth
Oct. 1, 1898 | Birth Place
Idaho Falls, Ida | Full Name of Mother
Rosabelle Bronson | Name of Father
Franklin Arthur Randall | |
| | | | | | |
| SUPPORTING RECORD 3. | Type of Document
Honorable Discharge | | By whom issued and signed
U.S. Army - John Hancock, (Commanding Off) | Date issued
Dec. 9, 1918 | Date Orig. Entry
Discharged Dec. 9, 1918 |
| | Date of Birth
Oct. 1, 1898 | Birth Place
Idaho falls, Ida | Full Name of Mother
----- | Name of Father
----- | |
| | | | | | |
| QUALIFYING INFORMATION | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
Florence Curtright | Date Filed
Dec. 24, 1968 | |

DEC 24 1968

168-267-004-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-395

| | | | | | | |
|--|---|--------------------|---------------------------------------|---|--|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Theresa Johnson Rich</i> | | | 2. Date (month) (day) (year)
Of Birth <i>July 7 1898</i> | | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Bear Lake</i> | 6. City or Town of Birth
<i>Bear Lake Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>George Johnson</i> | | | 7. State or Country of Father's Birth
<i>Bear Lake</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Cathrine Carlson</i> | | | 9. State or Country of Mother's Birth
<i>Bear Lake</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Theresa Johnson Rich</i> | | 11. Present Address of Registrant
<i>Paris Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>May 5/69</i> 1969 | | | 12. Signature of Notary
<i>P. Leigh Shupert</i> | | 13. Notary Commission expires
<i>Oct 10 '74</i> 1970 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|--|--|--|----------------------------------|--|
| SUPPORTING
RECORD 1. | Type of Document
duplicate copy of Certificate of Baptism and Confirmation | | By whom issued and signed
Paris 1st ward, Loran Burdick Clerk | | Date issued
Feb. 13, 1964 | Date Orig. Entry
baptized July 15, 1906 |
| | Date of Birth
July 7, 1898 | Birth Place
Ovid, Idaho
Bear Lake County | Full Name of Mother
Catherine M. Carlson | | Name of Father
George Johnson | |
| SUPPORTING
RECORD 2. | Type of Document
Affidavit by friend & neighbor all her life | | By whom issued and signed
Amy Nielson Shurtliff Age: 80 | | Date issued
May 5, 1969 | Date Orig. Entry
---- |
| | Date of Birth
July 7, 1898 | Birth Place
Ovid, Idaho | Full Name of Mother
Cathrine M. Carlson Johnson | | Name of Father
George Johnson | |
| SUPPORTING
RECORD 3. | Type of Document
Certified copy of application for license to marry #284 | | By whom issued and signed
Cache County, Utah | | Date issued
May 13, 1969 | Date Orig. Entry
Nov. 8, 1921 |
| | Date of Birth
July 7, 1898 | Birth Place
Ovid, Idaho | Full Name of Mother
Catherine Carlson | | Name of Father
George Johnson | |

QUALIFYING
INFORMATIONREGISTRAR'S
CERTIFICATION
(seal)

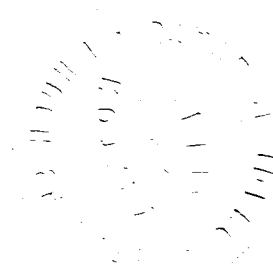
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
gm1 Glenda Larson

Date Filed
May 27, 1969

MAY 28 1969



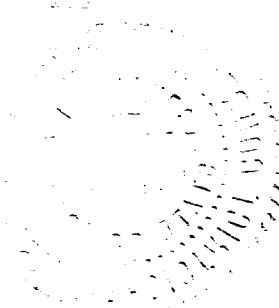
| | | | | | | | |
|---|---|-----------------------|-----------------------------------|-----------------------------|---|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant <u>Lewis William Potter</u> | | | | 2. Date (month) (day) (year)
Of Birth <u>January 1 1898</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>Male</u> | 5. Place of Birth
<u>Teton</u> | a. County
<u>Fremont</u> | b. City or Town of Birth
<u>Teton, Idaho</u> | | |
| FATHER | 6. Full Name of Father
<u>James Monroe Potter</u> | | | | 7. State or Country of Father's Birth
<u>Idaho</u> <u>Coleville Utah</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Henrietta Bird</u> | | | | 9. State or Country of Mother's Birth
<u>Idaho</u> <u>Mendon, Utah</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<u>Lewis William Potter</u> | | |
| NOTARY (Seal) | Subscribed and sworn to before me on <u>July 14 1969</u> | | | | 11. Present Address of Registrant
<u>Route #1, St. Anthony, Idaho</u> | | |
| | | | | | 12. Signature of Notary
<u>La Monte Bauer</u> | | |
| | | | | | 13. Notary Commission expires
<u>Elective</u> 19 _____ | | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|---|--|--|--|--|--|--|
| SUPPORTING RECORD 1. | Type of Document
<u>school census</u> | | By whom issued and signed
<u>Fremont County Jack A. Stone, Recorder</u> | | Date issued
<u>6-24-55</u> | Date Orig. Entry
<u>school year 1906</u> | |
| | Date of Birth
<u>8 years old</u> | Birth Place
<u>----</u> | Full Name of Mother
<u>Hattie Potter</u> | | Name of Father
<u>James Monroe Potter</u> | | |
| SUPPORTING RECORD 2. | Type of Document
<u>Own child's birth certificate</u> | | By whom issued and signed
<u>On file Idaho #296713</u> | | Date issued
<u>----</u> | Date Orig. Entry
<u>child born Dec. 4, 1926</u> | |
| | Date of Birth
<u>Age: 28</u> | Birth Place
<u>Idaho</u> | Full Name of Mother
<u>----</u> | | Name of Father
<u>-----</u> | | |
| SUPPORTING RECORD 3. | Type of Document
<u>Affidavit by neighbor at time of birth</u> | | By whom issued and signed
<u>Hyrum J. Clark Age: 86</u> | | Date issued
<u>June 6, 1969</u> | Date Orig. Entry
<u>----</u> | |
| | Date of Birth
<u>Jan. 1, 1898</u> | Birth Place
<u>Teton City, Idaho Fremont County</u> | Full Name of Mother
<u>Henretta Bird Potter</u> | | Name of Father
<u>James Monroe Potter</u> | | |

| | | | |
|--|--|---|------------------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<u>W. W. Benson</u> | Evidence reviewed by
<u>bw gml Glenda Larson</u> | Date Filed
<u>July 24, 1969</u> |

* Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUL 25 1969



AUG 26 1955

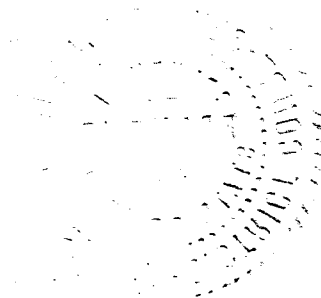
| | | | | | | | | |
|--|---|------------------|------------------------------|----------------------|--|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Division of Vital Statistics
Ivie Lavon Thompson | | | | 2. Date (month) (day) (year)
Of Birth August 11 1898 | | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
Wilford | a. County
Fremont | b. City or Town of Birth
Wilford, Idaho (mail St. Anthony) | | | |
| FATHER | 6. Full Name of Father
Edmund Hobert Thompson | | | | 7. State or Country of Father's Birth
Utah, Ogden, Weber Co | | | |
| MOTHER | 8. Full Maiden Name of Mother
Rhoda Ann Davis | | | | 9. State or Country of Mother's Birth
Utah, South Hooper, Davis Co. | | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>X Ivie Lavon Potter</i> | | 11. Present Address of Registrant
Route #1, St. Anthony, Idaho | |
| NOTARY (Seal) | Subscribed and sworn to before me on <i>Feb 14</i> 19 <i>69</i> | | | | 12. Signature of Notary
<i>La Monte Bauer</i>
<i>By Ernest Meyer</i> | | 13. Notary Commission expires
<i>February</i> 19____ | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | | | | |
|--|---|---|--|--|--|---|--|
| SUPPORTING RECORD 1. | Type of Document
School census | | By whom issued and signed
Fremont County, Idaho
Jack Stone, Recorder | | Date issued
6-24-55 | Date Orig. Entry
school year 1907 | |
| | Date of Birth
9 years old | Birth Place
--- | Full Name of Mother
---- | | Name of Father
E. H. Thompson | | |
| SUPPORTING RECORD 2. | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #164355 | | Date issued
----- | Date Orig. Entry
child born July 9, 1928 | |
| | Date of Birth
Age: 29 | Birth Place
St. Anthony | Full Name of Mother
----- | | Name of Father
----- | | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by sister Age: 81 | | By whom issued and signed
Alice T. Freer | | Date issued
June 9, 1969 | Date Orig. Entry
---- | |
| | Date of Birth
Aug. 11, 1898 | Birth Place
Fremont County
Wilford, Idaho | Full Name of Mother
Rhoda Ann Davis Thompson | | Name of Father
Hobert Edmund Thompson | | |

| | | | |
|-------------------------------------|--|--|-----------------------------|
| QUALIFYING INFORMATION | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>W. W. Benson</i> | Evidence reviewed by
bw gml Glenda Larson | Date Filed
July 24, 1969 |

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

JUL 25 1969



799-205 1036-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 69-571

| | | | | |
|---|---|-------------------------|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<i>Hannah Griffiths</i> | | 2. Date (month) (day) (year)
Birth <i>July 5 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>female</i> | 5. Place of Birth a. County
<i>Malad Oneida Ida.</i> | b. City or Town of Birth
<i>Malad</i> |
| FATHER | 6. Full Name of Father
<i>William T. Griffiths</i> | | 7. State or Country of Father's Birth
<i>Wales</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Elizabeth Morgan</i> | | 9. State or Country of Mother's Birth
<i>Wales</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Hannah G. Waldron</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Aug 4 1969</i> | | 11. Present Address of Registrant
<i>Hannah Waldron
R 7 D Malad Idaho</i> | |
| | | | 12. Signature of Notary
<i>Alice Jones</i> | |
| | | | 13. Notary Commission expires
<i>January 1971</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|---|--|--|--|--|---|
| SUPPORTING RECORD 1- | Type of Document
Certificate of Blessing (Duplicate) | | By whom issued and signed
LDS Church, Samaria Ward, Robert W. Waldron, Bishop | | Date issued
July 17, 1969 | Date Orig. Entry
blessed
Sept. 4, 1898 |
| | Date of Birth
July 5, 1898 | Birth Place
Malad, Oneida County, Idaho | Full Name of Mother
Elizabeth Morgan | | Name of Father
William T. Griffiths | |
| SUPPORTING RECORD 2- | Type of Document
(Duplicate) Certificate of Baptism and Confirmation | | By whom issued and signed
LDS Church, Samaria Ward David R. Atkinson, Clerk | | Date issued
July 17, 1969 | Date Orig. Entry
baptized
July 5, 1906 |
| | Date of Birth
July 5, 1898 | Birth Place
Malad, Oneida County, Idaho | Full Name of Mother
Elizabeth Morgan | | Name of Father
William T. Griffiths | |
| SUPPORTING RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #132982 | | Date issued
----- | Date Orig. Entry
child born
June 20, 1925 |
| | Date of Birth
Age: 26 | Birth Place
Malad, Idaho | Full Name of Mother
--- | | Name of Father
--- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

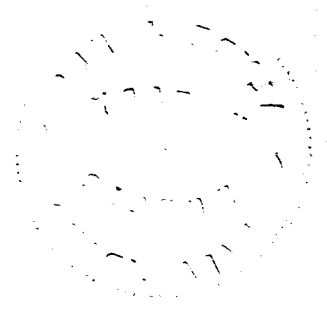
State Registrar
W. W. Benson

Evidence reviewed by
Glenda Larson

Date Filed
Sept. 2, 1969

Children (nee Griffiths)

SEP 2 1969



437-101-001-752

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE70-594

| | | | | | | |
|---|--|---|---|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
Robert Emmett McGuire | | | | 2. Date (month) (day) (year)
Of Birth February 1, 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth a. County
Near Boise, Idaho Ada | | b. City or Town of Birth
Near Boise, Idaho | |
| FATHER | 6. Full Name of Father
Robert Henry McGuire | | | | 7. State or Country of Father's Birth
Canada | |
| MOTHER | 8. Full Maiden Name of Mother
Lora Ann Gess | | | | 9. State or Country of Mother's Birth
Mercer County, Missouri USA | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Robert E. McGuire</i> | | 11. Present Address of Registrant
Rt. 2, Caldwell, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 25 1970</i> | | | 12. Signature of Notary
<i>Florence Curtright</i> | | 13. Notary Commission expires
<i>4-20 1974</i> |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1. | Type of Document
Family Bible | | By whom issued and signed
Family | | Date issued
----- | Date Orig. Entry
Obviously Old |
| | Date of Birth
Feb. 1, 1898 | Birth Place
Near Boise, Idaho | Full Name of Mother
Lora Ann Gess | | Name of Father
Robert Henry McGuire | |
| SUPPORTING RECORD 2. | Type of Document
Certified copy of own child's Birth Certificate # 248080 | | By whom issued and signed
State of Idaho | | Date issued
----- | Date Orig. Entry
Childs (age) Nov. 7, 1936 |
| | Date of Birth
Age 38 years | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father (birthdate)
----- | |
| SUPPORTING RECORD 3. | Type of Document
Affidavit by Sister | | By whom issued and signed
Winifred G. Maxey | | Date issued
Aug. 25, 1970 | Date Orig. Entry
----- |
| | Date of Birth
Feb. 1, 1898 | Birth Place
Near Boise, Idaho | Full Name of Mother
Lora Ann Gess | | Name of Father
Robert Henry McGuire | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
W. W. Benson | | Evidence reviewed by
sl Sue Lowe | | | Date Filed
Aug. 25, 1970 |

AUG 25 1970



395-118-006-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-614

| | | | | | | |
|---|---|-----------------------|--|---|---|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>William Klippel Lindsay</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>October 18 1898</i> | |
| FATHER | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth
<i>(Bonneville)</i> | a. County
<i>Bingham</i> | b. City or Town of Birth
<i>Idaho Falls, Idaho</i> | |
| | 6. Full Name of Father
<i>William Lindsay</i> | | | | 7. State or Country of Father's Birth
<i>Scotland</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Lulu Klippel</i> | | | | 9. State or Country of Mother's Birth
<i>Kansas</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>William Klippel Lindsay</i> | | 11. Present Address of Registrant
<i>East Wenatchee Wash.</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>August 3 1970</i> | | | 12. Signature of Notary
<i>Janice Peterson</i> | | 13. Notary Commission expires
<i>May 5 1971</i> |

APPLICANT — DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|---|--|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
<i>Census Record</i> | | By whom issued and signed
<i>U.S. Dept. of Commerce</i> | | Date issued
<i>Mar. 25, 1966</i> | Date Orig. Entry
<i>Census taken June 1, 1900</i> |
| | Date of Birth
<i>Oct. 1898</i> | Birth Place
<i>Idaho Falls, Ida.</i> | Full Name of Mother
<i>Lula K. Lindsay (Klippel)</i> | | Name of Father
<i>William Lindsay</i> | |
| SUPPORTING RECORD 2- | Type of Document
<i>Honorable Discharge</i> | | By whom issued and signed
<i>United States Army</i> | | Date issued
<i>Dec. 18, 1918</i> | Date Orig. Entry
<i>Nov. 26, 1918</i> |
| | Date of Birth
<i>Age 20</i> | Birth Place
<i>Idaho</i> | Full Name of Mother
<i>-----</i> | | Name of Father
<i>-----</i> | |
| SUPPORTING RECORD 3- | Type of Document
<i>Insurance Policy</i> | | By whom issued and signed
<i>United States of America</i> | | Date issued
<i>Oct. 1, 1924</i> | Date Orig. Entry
<i>----</i> |
| | Date of Birth
<i>Oct. 18, 1898</i> | Birth Place
<i>-----</i> | Full Name of Mother
<i>-----</i> | | Name of Father
<i>-----</i> | |

QUALIFYING INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

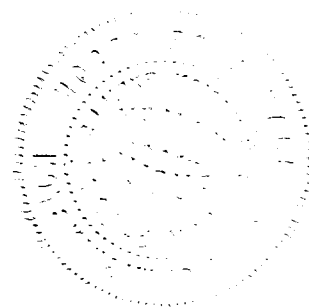
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar
W. W. Benson

Evidence reviewed by
Florence curtright

Date Filed
Sept. 4, 1970

SEP 4 1970



b19

755-108-00-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. De 70-666

| | | | | |
|---|--|---|---|---|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<u>Wilford Deloy Lee</u> | | 2. Date (month) (day) (year)
Of Birth <u>May</u> <u>8</u> <u>1898</u> | |
| | 3. Color of Race
<u>White</u> | 4. Sex
<u>male</u> | 5. Place of Birth (now)
<u>Iona, Bonneville Co., Idaho</u> | 6. City or Town of Birth
<u>Iona</u> |
| FATHER | 6. Full Name of Father
<u>Thomas Wolkitt Lee</u> | | 7. State or Country of Father's Birth
<u>Utah</u> | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Martha Louisa Bowen Lee</u> | | 9. State or Country of Mother's Birth
<u>Wales</u> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<u>Wilford Lee</u> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>Sept. 9th</u> <u>1970</u> | | 11. Present Address of Registrant
<u>874 N. 580 E Provo Utah</u> | |
| | 12. Signature of Notary
<u>Glenda Perry</u> | | 13. Notary Commission expires
<u>1/21</u> <u>1971</u> | |
| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | |
| SUPPORTING RECORD 1- | Type of Document
photocopy of LDS Church certificate of birth | | By whom issued and signed
Bingham Stake, Iona Ward Rec. members #4577, P.35. | |
| | Date of Birth
<u>May 8, 1898</u> | Birth Place
<u>Iona, Bingham County, Idaho</u> | Date Issued
<u>July 28, 1970</u> | |
| | | | Date Orig. Entry
<u>June 1, 1906</u> | |
| | | | Full Name of Mother
<u>Martha L. Bowen</u> | |
| | | | Name of Father
<u>Thomas W. Lee</u> | |
| SUPPORTING RECORD 2- | Type of Document
Affidavit by person who has known him all his life | | By whom issued and signed
Benjamin H. Bowen Age: 84 | |
| | Date of Birth
<u>May 8, 1898</u> | Birth Place
<u>Iona, Bingham County, Idaho</u> | Date issued
<u>Aug. 20, 1970</u> | |
| | | | Date Orig. Entry
<u>----</u> | |
| | | | Full Name of Mother
<u>Martha Louisa Bowen Lee</u> | |
| | | | Name of Father
<u>Thomas Wolkitt Lee</u> | |
| SUPPORTING RECORD 3- | Type of Document
Certified copy of application for license to marry #47848 | | By whom issued and signed
Salt Lake County, Utah | |
| | Date of Birth
<u>May 8, 1898</u> | Birth Place
<u>Iona, Idaho</u> | Date issued
<u>Aug. 19, 1970</u> | |
| | | | Date Orig. Entry
<u>Aug. 26, 1925</u> | |
| | | | Full Name of Mother
<u>Martha Bowen</u> | |
| | | | Name of Father
<u>Thos. W. Lee</u> | |
| QUALIFYING INFORMATION | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
<u>W. Benson</u> | | Evidence reviewed by
<u>Glenda Larson</u> | |
| | | | Date Filed
<u>Sept. 21, 1970</u> | |

OCT 14 1970

(54-116-010-216)

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 71-446

| | | | | | | |
|---|---|----------------|--|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Grant Munday Andrus | | | 2. Date of Birth (month) (day) (year)
April 16 1898 | | |
| | 3. Color or Race
W. | 4. Sex
Male | 5. Place of Birth a. County
Bonnevillle (Bingham) | b. City or Town of Birth
Ucon | | |
| FATHER | 6. Full Name of Father
Robert Andrus | | | 7. State or Country of Father's Birth
Utah | | |
| MOTHER | 8. Full Maiden Name of Mother
Lovenia Evelyn Bawden | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Grant M. Andrus</i> | | 11. Present Address of Registrant
Ucon, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>June 3</i> 19 <i>71</i> | | | 12. Signature of Notary
<i>Aleene M. Hill</i> | | 13. Notary Commission expires
<i>June 25</i> 19 <i>75</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|---------------------------------|--|
| SUPPORTING RECORD 1- | Type of Document
photocopy of application for insurance policy | | By whom issued and signed
Beneficial Life Ins. Co. | | Date issued
--- | Date Orig. Entry
Jan. 8, 1937 |
| | Date of Birth
Apr. 16, 1898 | Birth Place
Ucon, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 2- | Type of Document
photocopy of certificate of ordination as a Teacher | | By whom issued and signed
LDS Church, Peter Cramer, Clk. | | Date issued
--- | Date Orig. Entry
ordained Oct. 26, 1914 |
| | Date of Birth
Apr. 16, 1898 | Birth Place
Ucon, Idaho
Bonnevillle County | Full Name of Mother
Lovenia Bawden | | Name of Father
Robert Andrus | |
| SUPPORTING RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #135534 | | Date issued
---- | Date Orig. Entry
child born July 15, 1925 |
| | Date of Birth
Age: 27 | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| QUALIFYING INFORMATION | Affidavit by older brother, R. Howard Andrus, signed June 3, 1971 gives birthdate as April 16, 1898 in what is now called Ucon, Idaho. | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
gml Glenda Larson | | Date Filed
June 8, 1971 | |

JUN 8 1971

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 71-651

| | | | | |
|---|---|----------------|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Frank Timothy Regan | | 2. Date (month) (day) (year)
Of Birth August 6th 1898 | |
| | 3. Color or Race
White | 4. Sex
Male | 5. Place of Birth
Ada County | 6. City or Town of Birth
Boise Idaho |
| FATHER | 6. Full Name of Father
Morgan Alvin Regan | | 7. State or Country of Father's Birth
Eagle, Wisconsin | |
| MOTHER | 8. Full Maiden Name of Mother
Lillie Jane Blackinger | | 9. State or Country of Mother's Birth
Silver City, Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Frank Timothy Regan</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>September 1</i> 19 <i>71</i> | | 11. Present Address of Registrant
1062 San Pablo Drive
Lake San Marcos, Cal.
12. Signature of Notary
<i>Glenda Larson</i>
13. Notary Commission expires
<i>2-2-1973</i> | |

| APPLICANT - DO NOT WRITE BELOW THIS LINE | | | | |
|--|--|-----------------------------|---|-----------------------------|
| SUPPORTING RECORD 1- | Type of Document
photocopy of federal census record - Ada Co., Idaho | | By whom issued and signed
U.S. Department of Commerce Bureau of the Census | |
| | Date of Birth
Aug. 1898 | Birth Place
Idaho | Full Name of Mother
Lillie J. Regan | |
| SUPPORTING RECORD 2- | Type of Document
photocopy of application for insurance policy | | Date Issued
---- | |
| | Date of Birth
Aug. 6, 1898 | Birth Place
Boise, Idaho | Date Orig. Entry
Feb. 25, 1927 | |
| SUPPORTING RECORD 3- | Type of Document
Student's Record & Rating Report | | Name of Father
Morgan A. Regan | |
| | Date of Birth
Aug. 6, 1898 | Birth Place
Boise, Idaho | Date Issued
---- | |
| QUALIFYING INFORMATION | By whom issued and signed
Reserve Officers' Training Corps-University of Washington | | Date Orig. Entry
Jan. 2, 1919 | |
| | Full Name of Mother
---- | | Name of Father
M. A. Regan | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | |
| | State Registrar
<i>W. Benson</i> | | Evidence reviewed by
Glenda Larson | |
| | | | | Date Filed
Sept. 9, 1971 |

SEP 10 1971

318-213-029-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-725

| | | | | | | |
|--|---|-------------------------|---|-----------|--|--|
| REGISTRANT
(Person whose Birth is being registered) | 1. Registrant's Full Name at Birth
<i>Nancy Loretta Taylor</i> | | | | 2. Date (month) (day) (year)
Birth <i>July 13 1898</i> | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Female</i> | 5. Place of Birth
<i>Juliaetta - Ida - Latah</i> | a. County | b. City or Town of Birth
<i>Juliaetta, Idaho.</i> | |
| FATHER | 6. Full Name of Father
<i>George Ernest Taylor</i> | | | | 7. State or Country of Father's Birth
<i>Trushie Creek, Wash -
near Wall - Wash</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Esther Loretta Denny</i> | | | | 9. State or Country of Mother's Birth
<i>Howard Co - Iowa</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Nancy L. Duncan</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>Oct 5 1971</i> | | | | 11. Present Address of Registrant
<i>215 Kohlhagen apt
Roseburg - Ore 97470</i> | |
| | 12. Signature of Notary
<i>K. O. Spring</i>
NOTARY PUBLIC FOR OREGON | | | | 13. Notary Commission expires
<i>Jan 31 1975</i> | |

APPLICANT - DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|---|---------------------------------|--|--|--|--|
| SUPPORTING RECORD 1- | Type of Document
photocopy of application for social security #535-03-5367 | | By whom issued and signed
U.S. Social Security Adm. | | Date issued
--- | Date Orig. Entry
Feb. 9, 1937 |
| | Date of Birth
July 13, 1898 | Birth Place
Juliaetta, Idaho | Full Name of Mother
Esther Loretta Denny | | Name of Father
George Ernest Taylor | |
| SUPPORTING RECORD 2- | Type of Document
Federal Census Record
Juliaetta, Latah Co., Idaho | | By whom issued and signed
U.S. Department of Commerce
Bureau of the Census | | Date issued
Sep. 30, 1971 | Date Orig. Entry
June 1, 1900 |
| | Date of Birth
July 1898 | Birth Place
Idaho | Full Name of Mother
Loretta Taylor | | Name of Father
George Taylor | |
| SUPPORTING RECORD 3- | Type of Document
Statement regarding school census records | | By whom issued and signed
School Dist. #15, Adams County
Washington | | Date issued
Oct. 7, 1957 | Date Orig. Entry
May 1915 and
May 1912 |
| | Date of Birth
July 13, 1898 | Birth Place
---- | Full Name of Mother
---- | | Name of Father
---- | |

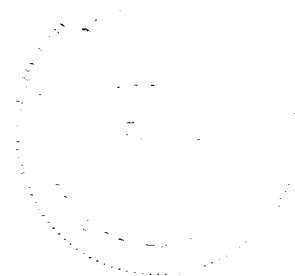
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

| | | |
|--|---------------------------------------|--------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>W. Benson</i> | Evidence reviewed by
Glenda Larson | Date Filed
October 19, 1971 |

OCT 19 1971

Reed



719412-021-241

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 72-602

| | | | | | | |
|--|---|-----------------------|---|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Frank P. Parker</i> | | | 2. Date (month) (day) (year)
<i>March 12 1898</i> | | |
| | 3. Color or Race
<i>White</i> | 4. Sex
<i>Male</i> | 5. Place of Birth a. County
<i>Preston Idaho</i> | b. City or Town of Birth | | |
| FATHER | 6. Full Name of Father
<i>Ossian Leonidas Parker</i> | | | 7. State or Country of Father's Birth
<i>Idaho</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Annie Smart Parkinson</i> | | | 9. State or Country of Mother's Birth
<i>Idaho</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Frank P. Parker</i> | | 11. Present Address of Registrant
<i>St Anthony Idaho</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>9-19 1972</i> | | | 12. Signature of Notary
<i>Ralph M. Howard</i> | | 13. Notary Commission expires
<i>11-20 1974</i> |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|--|--|--|---|--|--|---|
| SUPPORTING
RECORD 1. | Type of Document
photocopy of own child's birth certificate #569 | | By whom issued and signed
State of Utah | | Date issued
--- | Date Orig. Entry
child born
May 21, 1925 |
| | Date of Birth
Age: 27 | Birth Place
Preston, Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2. | Type of Document
Statement regarding church records | | By whom issued and signed
Aaron M. Angell, Bishop, LDS Church | | Date issued
--- | Date Orig. Entry
blessed or bapt.
Mar. 12, 1906 |
| | Date of Birth
Mar. 12, 1898 | Birth Place
Preston, Idaho
Franklin County | Full Name of Mother
Annie Smart Parkinson | | Name of Father
Ossian Leonidas Parker | |
| SUPPORTING
RECORD 3. | Type of Document
photocopy of Certificate of Ordination as an Elder | | By whom issued and signed
LDS Church, Preston 1st Ward, Joshua Rallison, Clerk | | Date issued
--- | Date Orig. Entry
ordained
Apr. 30, 1917 |
| | Date of Birth
Mar. 12, 1898 | Birth Place
Preston, Idaho
Franklin County | Full Name of Mother
Annie Parkinson | | Name of Father
Ossian L. Parker | |
| QUALIFYING
INFORMATION | | | | | | |
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
Janet M. Wick | | Evidence reviewed by
Glenda Larson | | | Date Filed
Sept. 21, 1972 |

SEP 21 1972

to her

to her

335-221-014-556

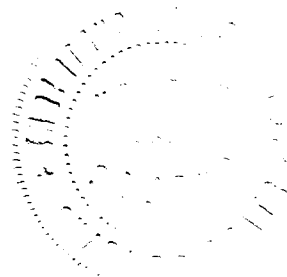
STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 74-132

| | | | | | | |
|--|--|------------------------------------|---|--|------------------------------------|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Anne Augusta Clemens | | | 2. Date of Birth
March 21 1898 | | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
a. County
Canyon | b. City or Town of Birth
Caldwell (Rural) | | |
| FATHER | 6. Full Name of Father
David A. Clemens | | | 7. State or Country of Father's Birth
Tennessee | | |
| MOTHER | 8. Full Maiden Name of Mother
Mary Josephine Newman | | | 9. State or Country of Mother's Birth
Tennessee | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
Anne Clemens Tolles | | 11. Present Address of Registrant
921 So. 10 th Caldwell, Ida - |
| NOTARY (Seal) | Subscribed and sworn to before me on
March 19, 1974 | | | 12. Signature of Notary
Florence Curtright | | 13. Notary Commission expires
4-20 1974 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Affidavit by brother Age 72 | | By whom issued and signed
John B. Clemens | | Date issued
Jun. 2, 1960 | Date Orig. Entry
----- |
| | Date of Birth
Mar. 21, 1898 | Birth Place
Idaho Canyon County | Full Name of Mother
Mary Josephine Newman | | Name of Father
David A. Clemens | |
| SUPPORTING RECORD 2- | Type of Document
Own child's birth certificate | | By whom issued and signed
on file - Idaho - # 159240 | | Date issued
---- | Date Orig. Entry
child born
Jan. 5, 1928 |
| | Date of Birth
Age 29 | Birth Place
Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 3- | Type of Document
Family Record | | By whom issued and signed
Family | | Date issued
----- | Date Orig. Entry
obviously old |
| | Date of Birth
Mar. 21, 1898 | Birth Place
Caldwell (Rural) | Full Name of Mother
Mary Josephine Newman | | Name of Father
David A. Clemens | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
Janet M. Wick | | Evidence reviewed by
Florence Curtright | | | Date Filed
March 19, 1974 |

MAR 21 1974



132

345-222-004-787

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 74-344

| | | | | | | |
|--|---|--------------------|--|---|---|---|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<u>Etta May Tueller</u> | | | 2. Date of Birth (month) (day) (year)
<u>August 22 1898</u> | | |
| | 3. Color or Race
<u>White</u> | 4. Sex
<u>F</u> | 5. Place of Birth a. County
<u>Geneva, Bear Lake,</u> | | b. City or Town of Birth
<u>Geneva</u> | |
| FATHER | 6. Full Name of Father
<u>Edward Tueller</u> | | | 7. State or Country of Father's Birth
<u>Boltigen, Bern, Switzerland</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Eliza Anna Gygi</u> | | | 9. State or Country of Mother's Birth
<u>Kappelen, Bern, Switzerland</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<u>Etta May Tueller Boehme</u> | | 11. Present Address of Registrant
<u>Geneva, Idaho 83238</u> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>June 17 1974</u> | | | 12. Signature of Notary
<u>Byron P Cammack</u> | | 13. Notary Commission expires
<u>3-1 1977</u> |

APPLICANT-- DO NOT WRITE BELOW THIS LINE

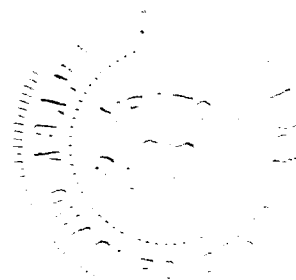
| | | | | | |
|-------------------------|--|--|--|---|--|
| SUPPORTING
RECORD 1- | Type of Document
<u>Own child's birth certificate</u> | | By whom issued and signed
<u>On file Idaho #55787</u> | Date issued
<u>----</u> | Date Orig. Entry
<u>child born Dec. 9, 1917</u> |
| | Date of Birth
<u>Age: 19</u> | Birth Place
<u>Geneva, Idaho</u> | Full Name of Mother
<u>---</u> | Name of Father
<u>---</u> | |
| SUPPORTING
RECORD 2- | Type of Document
<u>Photocopy of certificate of blessing</u> | | By whom issued and signed
<u>LDS Church, Geneva Ward, Montpelier Stake, M. F. Teuscher, Bp.</u> | Date issued
<u>----</u> | Date Orig. Entry
<u>blessed Nov. 6, 1898</u> |
| | Date of Birth
<u>Aug. 22, 1898</u> | Birth Place
<u>Geneva, Idaho Bear Lake County</u> | Full Name of Mother
<u>Eliza Anna Giggi</u> | Name of Father
<u>Edward Tueller</u> | |
| SUPPORTING
RECORD 3- | Type of Document
<u>photocopy of application for insurance policy</u> | | By whom issued and signed
<u>Beneficial Life In. Co.</u> | Date issued
<u>-----</u> | Date Orig. Entry
<u>Dec. 15, 1947</u> |
| | Date of Birth
<u>Aug. 22, 1898</u> | Birth Place
<u>Geneva, Idaho</u> | Full Name of Mother
<u>----</u> | Name of Father
<u>---</u> | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|----------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<u>Janet M. Wick</u> | Evidence reviewed by
<u>Glenda Larson</u> | Date Filed
<u>JUN 28 1974</u> |

JUN 28 1974



296-204-025-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE 74-368

| | | | | | | |
|---|---|-------------------------|---|--|--|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Flora Luella Brotnov | | | | 2. Date of Birth (month) (day) (year)
March 4, 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth a. County
Idaho | | b. City or Town of Birth
Mt. Idaho | |
| FATHER | 6. Full Name of Father
Mikal C. Brotnov | | | | 7. State or Country of Father's Birth
Norway | |
| MOTHER | 8. Full Maiden Name of Mother
Margaret Brown | | | | 9. State or Country of Mother's Birth
Canada | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Luella McKenzie</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>10th of July 1974</i> | | | | 11. Present Address of Registrant
<i>712 - 2nd St. Clarkston</i> | |
| | | | | | 12. Signature of Notary
<i>Don Quay</i> | |
| | | | | | 13. Notary Commission expires
<i>2-1 1975</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-----------------------------|--|--|--|---|--|
| SUPPORTING RECORD 1- | Type of Document
photocopy of page from family Bible | | By whom issued and signed
Family Record in Bible | Date issued
June 21, 1974 | Date Orig. Entry
appears old |
| | Date of Birth
Mar. 4, 1898 | Birth Place
Idaho | Full Name of Mother
Margaret Brown | Name of Father
Mikal C. Brotnov | |
| SUPPORTING RECORD 2- | Type of Document
Statement regarding lodge records | | By whom issued and signed
Hattie Grace Farris, Sec. I.O.O.F. #81, Clearwater, ID | Date issued
May 29, 1974 | Date Orig. Entry
Apr. 17, 1917 |
| | Date of Birth
Age: 19 | Birth Place
--- | Full Name of Mother
---- | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
On file Idaho #154580 | Date issued
---- | Date Orig. Entry
child born July 6, 1927 |
| | Date of Birth
Age: 29 | Birth Place
Mt. Idaho, Idaho | Full Name of Mother
---- | Name of Father
---- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|------------------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
Jaret M. Wick | Evidence reviewed by
gml Florence Curtright | Date Filed
July 22, 1974 |

JUL 22 1974

896

314-231-015-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE75-330

| | | | | | | |
|--|--|------------------------------------|--|---|---|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Mayme Elizabeth Lau | | | | 2. Date of Birth
(month) (day) (year)
Oct. 31 1898 | |
| | 3. Color or Race
White | 4. Sex
Female | 5. Place of Birth
a. County
Caribou | | b. City or Town of Birth
Soda Springs | |
| FATHER | 6. Full Name of Father
Joseph Ernest Lau | | | | 7. State or Country of Father's Birth
Providence, Utah | |
| MOTHER | 8. Full Maiden Name of Mother
Laura May Horsley | | | | 9. State or Country of Mother's Birth
Idaho | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Mayme Elizabeth Lau</i> | | 11. Present Address of Registrant
4072.2nd E Soda Springs, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 25</i> 1975 | | | 12. Signature of Notary
<i>"Sue" Nora Lowe</i> | | 13. Notary Commission expires
<i>Sept. 18</i> 1977 |
| APPLICANT— DO NOT WRITE BELOW THIS LINE | | | | | | |
| SUPPORTING RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
State of Idaho File# 174825 | | Date issued
----- | Date Orig. Entry
Child born
Sept. 21, 1929 |
| | Date of Birth
Age 30 yrs | Birth Place
Soda Springs, Idaho | Full Name of Mother
----- | | Name of Father
----- | |
| SUPPORTING RECORD 2- | Type of Document
Church Record | | By whom issued and signed
LDS Church | | Date issued
----- | Date Orig. Entry
Baptized
Aug. 5, 1911 |
| | Date of Birth
Oct. 31, 1898 | Birth Place
Soda Springs, Idaho | Full Name of Mother
Laura May Horsley | | Name of Father
Joseph Ernest Lau | |
| SUPPORTING RECORD 3- | Type of Document
Affidavit by Aunt Age 85 yrs | | By whom issued and signed
Rose L. Torgeson | | Date issued
Apr. 13, 1959 | Date Orig. Entry
----- |
| | Date of Birth
Oct. 31, 1898 | Birth Place
Soda Springs, Idaho | Full Name of Mother
Laura May <u>Lau</u> | | Name of Father
Joseph E. Lau | |
| QUALIFYING INFORMATION | | | | | | |
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | | | | |
| | State Registrar
<i>Janet M. Wick</i> | | | Evidence reviewed by
S1 "Sue" Nora Lowe | | Date Filed
May 30, 1975 |

MAY 30 1975



553-119-010-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE:76-253

| | | | | | | |
|--|---|-------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
GOTTFRIED RUDOLPH NELSON | | | 2. Date of Birth (month) (day) (year)
JUNE 19 1898 | | |
| | 3. Color or Race
WHITE | 4. Sex
M | 5. Place of Birth a. County
BONNVILLE | b. City or Town of Birth
IDAHO FALLS, IDAHO | | |
| FATHER | 6. Full Name of Father
MARTIN NELSON | | | 7. State or Country of Father's Birth
SWEDEN | | |
| MOTHER | 8. Full Maiden Name of Mother
MARY LARSON | | | 9. State or Country of Mother's Birth
SWEDEN | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Rudolph Nelson</i> | | 11. Present Address of Registrant
565*8th IDAHO FALLS, ID |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>March 8</i> 19 <i>76</i> | | | 12. Signature of Notary
<i>James H. [unclear]</i> | | 13. Notary Commission expires
6-17 19 <i>77</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|----------------------------|--|--|---------------------------------|--|
| SUPPORTING
RECORD 1- | Type of Document
Own child's birth certificate | | By whom issued and signed
State of Idaho #108495 | | Date issued
3/10/76 | Date Orig. Entry
child born 1/4/23 |
| | Date of Birth
24 years. | Birth Place
Idaho. | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 2- | Type of Document
Insurance Application | | By whom issued and signed
American Republic Ins. Co. | | Date issued
16 Apr. 64 | Date Orig. Entry
16 Apr. 64 |
| | Date of Birth
6/19/98 | Birth Place
Idaho Falls | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING
RECORD 3- | Type of Document
Church Record | | By whom issued and signed
Pastor Karl Schmidt, first
Lutheran Church, I.F. | | Date issued
4/27/76 | Date Orig. Entry
baptised 7/19/1898 |
| | Date of Birth
June 19, 1898 | Birth Place
Idaho Falls | Full Name of Mother
Maria Nelson | | Name of Father
Martin Nelson | |

QUALIFYING INFORMATION

REGISTRAR'S
CERTIFICATION
(seal)

| | | |
|--|---|---------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>Janet M. Ullrich</i> | Evidence reviewed by
md Margaret Davis | Date Filed
APR 27 1976 |

3-2-76

Robson

APR 28 1976

35

296-227.007-154

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. DE 76-441

| | | | | | | |
|---|---|--------------|----------------------------|--|---|--|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Emma Carolyn Kromrei | | | | 2. Date of Birth
(month) (day) (year)
September 27 1898 | |
| | 3. Color or Race
White | 4. Sex
F. | 5. Place of Birth
Idaho | a. County
Blaine | b. City or Town of Birth
Carral | |
| FATHER | 6. Full Name of Father
Charles J. Kromrei | | | | 7. State or Country of Father's Birth
Garreusee, Germany | |
| MOTHER | 8. Full Maiden Name of Mother
Emma Carrie Andregg | | | | 9. State or Country of Mother's Birth
Algona, Iowa | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Emma K. Hughes</i> | 11. Present Address of Registrant
3304 Hwy. Perez | |
| NOTARY (Seal) | Subscribed and sworn to before me on
8-25 1976 | | | 12. Signature of Notary
<i>Florence Curtright</i> | 13. Notary Commission expires
4-20 1978 | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-----------------------------|--|------------------------------|--|--|--------------------------------------|---|
| SUPPORTING RECORD 1- | Type of Document
Affidavit by Mother | | By whom issued and signed
Emma C. Kromrei | | Date issued
5/25/42 | Date Orig. Entry
--- |
| | Date of Birth
9/27/18 | Birth Place
Carral | Full Name of Mother
Emma Carrie Andregg | | Name of Father
Charles J. Kromrei | |
| SUPPORTING RECORD 2- | Type of Document
Own child's birth certificate | | By whom issued and signed
State of Idaho. #64520 | | Date issued
8/25/76 | Date Orig. Entry
child born 11/18/18 |
| | Date of Birth
20 yrs. | Birth Place
Idaho | Full Name of Mother
--- | | Name of Father
--- | |
| SUPPORTING RECORD 3- | Type of Document
Certified copy of school records | | By whom issued and signed
Loyle V. Washam, Supv. of Records
Boise High School, Boise, ID | | Date issued
Aug. 26, 1976 | Date Orig. Entry
Sep. 4, 1913 |
| | Date of Birth
Sep. 27, 1898 | Birth Place
Corral, Idaho | Full Name of Mother
---- | | Name of Father
C.J. Kromrei | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

| | | |
|----------------------------------|--|-----------------------------|
| State Registrar
Janet M. Wick | Evidence reviewed by
MD Glenda Larson | Date Filed
Aug. 30, 1976 |
|----------------------------------|--|-----------------------------|

AUG 30 1976

699-109-036-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE77-213

| | | | | | | |
|--|---|----------------|---------------------------------------|---|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
Cecil Foster Wright | | | 2. Date of Birth
(month) May (day) 9, (year) 1898 | | |
| | 3. Color or Race
white | 4. Sex
Male | 5. Place of Birth
a. County Oneida | b. City or Town of Birth
Whitney | | |
| FATHER | 6. Full Name of Father
Joseph Smith Wright | | | 7. State or Country of Father's Birth
Busby, Renfrew, Scotland | | |
| MOTHER | 8. Full Maiden Name of Mother
Verena Foster | | | 9. State or Country of Mother's Birth
Utah | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Cecil F. Wright</i> | | 11. Present Address of Registrant
265 Monterey Dr.
Idaho Falls, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>April 29</i> 19 <i>72</i> | | | 12. Signature of Notary
<i>Donna R. Tucker</i> | | 13. Notary Commission expires
<i>Life</i> 19 <i> </i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|----------------------|--|-------------------------------|---|----------------------------------|---|
| SUPPORTING RECORD 1- | Type of Document
Marriage license application | | By whom issued and signed
Salt Lake county, Utah | Date issued
Apr. 25, 1977 | Date Orig. Entry
Nov. 23, 1920 |
| | Date of Birth
May 9, 1898 | Birth Place
Whitney, Idaho | Full Name of Mother
Verena Foster | Name of Father
J. S. Wright | |
| SUPPORTING RECORD 2- | Type of Document
Church record | | By whom issued and signed
LDS Church | Date issued
Apr. 25, 1977 | Date Orig. Entry
Baptized Sep. 2, 1906 |
| | Date of Birth
May 9, 1898 | Birth Place
Whitney, Idaho | Full Name of Mother
Verena Foster | Name of Father
Jos. S. Wright | |
| SUPPORTING RECORD 3- | Type of Document
notarized copy | | By whom issued and signed
U.S. Civil Service Comm. | Date issued
May 3, 1977 | Date Orig. Entry
June 17, 1963 |
| | Date of Birth
May 9, 1898 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|---------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>Janet M. Wick</i> | Evidence reviewed by
Colleen Cunningham | Date Filed
MAY 04 1977 |

W. L. G. H.

MAY 5 1977

268-204-018-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. DE78-203

| | | | | | | |
|--|---|--------------------|--|--|--|---|
| REGISTRANT
(Person whose birth is being registered) | 1. Registrant's Full Name at Birth
<u>Margaret Deborah Kohncke</u> | | | 2. Date of Birth (month) (day) (year)
<u>9</u> <u>4</u> <u>1898</u> | | |
| | 3. Color or Race
<u>W</u> | 4. Sex
<u>F</u> | 5. Place of Birth a. County
<u>Clearwater</u> | b. City or Town of Birth
<u>Orofino</u> | | |
| FATHER | 6. Full Name of Father
<u>John Kohncke</u> | | | 7. State or Country of Father's Birth
<u>Germany</u> | | |
| MOTHER | 8. Full Maiden Name of Mother
<u>Mary Griffin</u> | | | 9. State or Country of Mother's Birth
<u>Ireland</u> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Margaret Kohncke</i> | | 11. Present Address of Registrant |
| NOTARY (Seal) | Subscribed and sworn to before me on
<u>28 Jan</u> 19 <u>78</u> | | | 12. Signature of Notary
<i>Janet M. Claffey</i> | | 13. Notary Commission expires
<u>29 Jul</u> 19 <u>77</u> |

APPLICANT DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|----------------------|-------------------------------|------------------|---------------------------------|--|----------------|-------------------------|
| SUPPORTING RECORD 1- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | Own child's birth certificate | | on file Idaho #149531 | | on file | child born Feb. 5, 1927 |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Age: 28 | Idaho | ----- | | ----- | |
| SUPPORTING RECORD 2- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | SS# Application | | Treasury Department, IRS | | May 12, 1978 | Nov. 23, 1962 |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Sep. 4, 1898 | Near Orofino, ID | Mary Griffin | | John Kohncke | |
| SUPPORTING RECORD 3- | Type of Document | | By whom issued and signed | | Date issued | Date Orig. Entry |
| | copy
Newspaper clipping | | Clearwater Tribune, Orofino, ID | | May 12, 1978 | Oct. 3, 1968 |
| | Date of Birth | Birth Place | Full Name of Mother | | Name of Father | |
| | Sep. 4, 1898 | Idaho | Mrs. John Kohncke | | John Kohncke | |

QUALIFYING INFORMATION

| | | | |
|-------------------------------------|--|---|---------------------------|
| REGISTRAR'S CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>Janet M. Ulick</i> | Evidence reviewed by
cc Colleen Cunningham | Date Filed
MAY 18 1978 |

Blake.

MAY 19 1978

449-220-033-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.

DE78-310

| | | | | |
|--|---|------------------|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
Sadie Magdalena Murri | | 2. Date (month) (day) (year)
Of Birth October 20 1898 | |
| | 3. Color or Race
caucasian | 4. Sex
female | 5. Place of Birth
a. County
Madison | b. City or Town of Birth
Wilford |
| FATHER | 6. Full Name of Father
Gottfred Murri | | 7. State or Country of Father's Birth
Switzerland | |
| MOTHER | 8. Full Maiden Name of Mother
Christena Miller | | 9. State or Country of Mother's Birth
Switzerland | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | 10. Signature of Registrant
<i>Sadie M. Miller</i> | 11. Present Address of Registrant
20 East 2nd North
Rexburg, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
July 28, 1978 | | 12. Signature of Notary
<i>Nancy H. Garner</i> | 13. Notary Commission expires
January 1979 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|-------------------------------|---|----------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Affidavit by mother | | By whom issued and signed
Christena Murri | Date issued
June 18, 1942 | Date Orig. Entry
June 18, 1942 |
| | Date of Birth
Oct. 20, 1898 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- | |
| SUPPORTING
RECORD 2- | Type of Document
Church membership | | By whom issued and signed
LDS Church | Date issued
Nov. 7, 1974 | Date Orig. Entry
baptized
Oct. 28, 1950 |
| | Date of Birth
Oct. 20, 1898 | Birth Place
Wilford, Idaho | Full Name of Mother
Christina Miller | Name of Father
Gottfred Murri | |
| SUPPORTING
RECORD 3- | Type of Document
Insurance policy | | By whom issued and signed
Gem State Mutual Life Ass. | Date issued
Apr. 23, 1957 | Date Orig. Entry
Apr. 23, 1957 |
| | Date of Birth
Oct. 20, 1898 | Birth Place
----- | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|--|---------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>Janet M. Ulick</i> | Evidence reviewed by
Colleen Cunningham | Date Filed
AUG 02 1978 |

Miller

AUG 3 1978

464-101-004-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No.
DE78-495

| | | | | | | |
|--|---|-------------|---|---|--|--|
| REGISTRANT
(Person whose
birth is being
registered) | 1. Registrant's Full Name at Birth

Irvin Mouritsen | | | 2. Date of Birth (month) (day) (year)
Aug. 1, 1898 | | |
| | 3. Color or Race
White | 4. Sex
M | 5. Place of Birth a. County
Bennington, Bear Lake, Idaho | | b. City or Town of Birth
Bennington | |
| FATHER | 6. Full Name of Father
Mourits Mouritsen | | | 7. State or Country of Father's Birth
Denmark | | |
| MOTHER | 8. Full Maiden Name of Mother
Carrie Hansen | | | 9. State or Country of Mother's Birth
Denmark | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Irvin Mouritsen</i> | | 11. Present Address of Registrant
Box 562, Grace, Idaho |
| NOTARY (Seal) | Subscribed and sworn to before me on
Dec-7 1978 | | | 12. Signature of Notary
<i>Roger M. Jace</i> | | 13. Notary Commission expires
Lifetime 19 |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | | |
|-------------------------|---|-------------------------------|---|--|-------------------------------------|---|
| SUPPORTING
RECORD 1- | Type of Document
Marriage license application | | By whom issued and signed
Salt Lake County, UT | | Date Issued
Dec. 8, 1978 | Date Orig. Entry
Oct. 16, 1919 |
| | Date of Birth
Aug. 1, 1898 | Birth Place
Bennington, ID | Full Name of Mother
Carrie Hansen | | Name of Father
Mourits Mouritsen | |
| SUPPORTING
RECORD 2- | Type of Document
Certificate of birth | | By whom issued and signed
LDS Church | | Date Issued
Dec. 6, 1978 | Date Orig. Entry
Aug. 5, 1906 |
| | Date of Birth
Aug. 1, 1898 | Birth Place
Bennington, ID | Full Name of Mother
Carrie Hansen | | Name of Father
Mourits Mouritsen | |
| SUPPORTING
RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
Idaho #137094 | | Date Issued
on file | Date Orig. Entry
child born
Feb. 21, 1925 |
| | Date of Birth
Age: 26 | Birth Place
Bennington, ID | Full Name of Mother
----- | | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

| | | |
|--|---|---------------------------|
| I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| State Registrar
<i>Janet M. Wick</i> | Evidence reviewed by
cc Colleen Cunningham | Date Filed
DEC 11 1978 |

Mounts on

DEC 11, 1978

386-227-036-412

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. DE82-036

| | | | | | | |
|--|---|--------------------|--|---|--|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Uella Thorpe</i> | | | 2. Date (month) (day) (year)
10 - 27 - 1898 | | |
| | 3. Color or Race
<i>Wh Am</i> | 4. Sex
<i>F</i> | 5. Place of Birth, a. County
<i>Pleasantview Nevada</i> | b. City or Town of Birth
<i>Pleasantview Idaho</i> | | |
| FATHER | 6. Full Name of Father
<i>Joseph Thorpe</i> | | | 7. State or Country of Father's Birth
<i>Lincoln England</i> | | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Mary Mason</i> | | | 9. State or Country of Mother's Birth
<i>Monmouth Wales</i> | | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | 10. Signature of Registrant
<i>Uella T. Christiansen</i> | | 11. Present Address of Registrant
<i>98 Dixie Layton Utah</i> |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>9-4</i> 19 <i>81</i> | | | 12. Signature of Notary
<i>Carolyn R. Olsen</i> | | 13. Notary Commission expires
<i>10-25</i> 19 <i>81</i> |

APPLICANT— DO NOT WRITE BELOW THIS LINE

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|-------------------------|---|-----------------------------------|---|--|---|
| SUPPORTING
RECORD 1- | Type of Document
Family record | | By whom issued and signed
family member | Date issued
=----- | Date Orig. Entry
Married
Dec 22, 1920 |
| | Date of Birth
Oct. 27, 1898 | Birth Place
Pleasantview, ID | Full Name of Mother
Mary Mason | Name of Father
Joseph Thorpe | |
| SUPPORTING
RECORD 2- | Type of Document
Baptismal record | | By whom issued and signed
LDS Church, Layton, Utah | Date issued
Mar 2, 1972 | Date Orig. Entry
Baptized
Dec 1, 1906 |
| | Date of Birth
Oct 27, 1898 | Birth Place
Pleasantview, ID | Full Name of Mother
Mary Mason | Name of Father
Joseph Thorpe | |
| SUPPORTING
RECORD 3- | Type of Document
Own child's birth certificate | | By whom issued and signed
State of Utah | Date issued
child born
June 10, 1936 | Date Orig. Entry
child born
June 10, 1936 |
| | Date of Birth
age 37 yrs. | Birth Place
Pleasantview Idaho | Full Name of Mother
----- | Name of Father
----- | |

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar

Bee Biggs, R.N.

Evidence reviewed by

tc Teresa L. Cleverly

Date Filed

FEB 24 1982

1 ccpl nct 17396

FEB 24 1982



STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. *DE 84-208*

| | | | | | | |
|--|---|--------------------|-----------------------------------|-----------|---|--|
| REGISTRANT
(Person whose
Birth is being
registered) | 1. Registrant's Full Name at Birth
<i>Lona Mae Pratt</i> | | | | 2. Date (month) (day) (year)
Of Birth <i>Nov. 20 1898</i> | |
| | 3. Color or Race
<i>white</i> | 4. Sex
<i>F</i> | 5. Place of Birth
<i>Idaho</i> | a. County | b. City or Town of Birth
<i>Wilford</i> | |
| FATHER | 6. Full Name of Father
<i>Parley P. Pratt</i> | | | | 7. State or Country of Father's Birth
<i>Oxford, Idaho</i> | |
| MOTHER | 8. Full Maiden Name of Mother
<i>Ellen L. White</i> | | | | 9. State or Country of Mother's Birth
<i>North Ogden, Utah</i> | |
| AFFIDAVIT | I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. | | | | 10. Signature of Registrant
<i>Lona M. Pratt</i> | |
| NOTARY (Seal) | Subscribed and sworn to before me on
<i>10-2 1984</i> | | | | 11. Present Address of Registrant
<i>10-31 1985</i> | |
| | 12. Signature of Notary
<i>Jo Ann Baruff</i> | | | | 13. Notary Commission expires
<i>10-31 1985</i> | |

APPLICANT— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|-------------------------|---|---------------------------|--|-----------------------------------|-----------------------------|
| SUPPORTING
RECORD 1. | Type of Document
Birth Certificate, daughter | | By whom issued and signed
State of Idaho | Date issued
10-16-40 | Date Orig. Entry
9-15-40 |
| | Date of Birth
age 41 | Birth Place
Wilford ID | Full Name of Mother
----- | Name of Father
---- | |
| SUPPORTING
RECORD 2. | Type of Document
Family Record of Pratt Family | | By whom issued and signed
Parley P. Pratt | Date issued
Obviously | Date Orig. Entry
old |
| | Date of Birth
11-20-1898 | Birth Place
Wilford ID | Full Name of Mother
Ellen L. Pratt | Name of Father
Parley P. Pratt | |
| SUPPORTING
RECORD 3. | Type of Document
Medical Document | | By whom issued and signed
St Alphonsus | Date issued
9-4-84 | Date Orig. Entry
--- |
| | Date of Birth
11-20-98 | Birth Place
ID | Full Name of Mother
--- | Name of Father
--- | |

QUALIFYING INFORMATION

| | | | |
|--|--|---------------------------------------|-----------------------|
| REGISTRAR'S
CERTIFICATION
(seal) | I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract. | | |
| | State Registrar
<i>See Sign. P.R.</i> | Evidence reviewed by
James Stewart | Date Filed
10-3-84 |

SEP 3 1984

